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CONTENTS

| | PAGE |
|---|----------------------|
| HORNEY'S CONCEPTION OF THE BASIC CONFLICT APPLIED TO CHILD PSYCHIATRY..... | |
| Frederick H. Allen | 99 |
| KAREN HORNEY ON PSYCHOANALYTIC TECHNIQUE | |
| BLOCKAGES IN THERAPY..... | Joseph Zimmerman 112 |
| INTERPRETATIONS..... | Ralph Slater 118 |
| THE CREATIVE POWER OF RELATEDNESS..... | |
| Antonia Wenkart | 125 |
| BASIC DREAM INTERPRETATION AND ITS PLACE IN PSYCHOLOGIC PROCEDURE | |
| Chandler Bennett | 133 |
| LIFE HISTORY AS THERAPY: PART III..... | |
| Harold Kelman | 145 |
| SCIENTIFIC MEETINGS..... | |
| | 174 |
| BOOK REVIEWS..... | |
| | 175 |

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FOURTH ANNUAL KAREN HORNEY LECTURE

HORNEY'S CONCEPTION OF THE BASIC CONFLICT APPLIED TO CHILD PSYCHIATRY

FREDERICK H. ALLEN

THE OPPORTUNITY afforded me to give the Fourth Karen Horney Lecture is an honor of unusual significance. This annual event is but one medium to nourish and keep alive the memory and contribution of a great student of human behavior. More than many students of her time, she perceived the individual not just as a biological isolate, or as a product and a precipitate of the forces operating in and around him. She saw man as an interacting organism achieving individuality in a world of people and events. She avoided the extremes of viewing the individual as in conflict with his own instinctual and unconscious urges, or as one with little control of his own destiny because of the forces of the culture. She has made a lasting contribution, integrating divergent concepts on the nature of the growing-up process. Her discriminating insight into the importance of a balanced point of view has advanced our understanding of how man uses the social forces to achieve a sense of his own significance and thus give deeper meaning to those forces emanating from himself.

The science of man has been advanced by the creative dissenters who, being dissatisfied with rigid determinism of their times, sought to question some of the established traditions, practices and theories and thus plow the ground for the ever-new and give more meaning to current concepts.

Meyer was a great dissenter from the rigid disease-entity concepts of his day. He introduced the broader concept of reaction patterns and viewed the individual as a psycho-biological integrate. He laid the foundations for a more humanistic psychiatry when he viewed growth "as the differentiation of live people"¹ and helped to break the shackles of a rigid, constitutional, deterministic point of view. He saw the individual in terms of his own life history, an "experiment of nature," with a new self emerging as a biological and social integrate. He went beyond the "instinct theory."

Freud was a great rebel and, by introducing his challenging new concepts, upset many of the cherished and established traditions of his day about the nature of man. The extensive contributions of the psychoanalytic movement initiated and nourished by Freud and his students created the opportunity and need for new rebels. The vitality of the new era introduced by Freud would have been less had it not aroused the need for new creative thinking supplied by those who needed to deviate from the master and thus vitalize with new life the science of man. Horney was one of the dissenters, not in the sense of destroying many basic truths, but in giving new directions and new vitality to all she had incorporated from her earlier training. The strength of any great movement can, in

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HORNEY'S CONCEPTION OF THE BASIC CONFLICT

part, be measured by the ferment aroused which paves the way for new pathways. The dissenters provide a creative potential and add to the progress of the sum total of our knowledge, which is never complete. Dissatisfaction, when accompanied by a positive purpose, provides the nourishment for progress.

The ever-expanding field of child psychiatry is providing a rich laboratory for broadening our knowledge about childhood and developing the skill needed to have it utilized by those needing and seeking help for a child who is emotionally disturbed. Childhood is the incubating period of human life. Here operates the inevitable and essential interaction between the forces inherent in the child and those represented by the parental figures who have the responsibility of directing his growth steps. The child emerges as a new and separate but related human being. Social and biological forces are constantly interacting in this process, sometimes in conflict, many times in harmony.

The growth of the child viewed as a dynamic, differentiating process, gives a deeper understanding of the three directions outlined by Horney in her book on "Our Inner Conflicts."² In delineating what she terms the "basic conflict," she describes the three major directions in man's relation to his environment and to himself. They are: 1) Direction toward, 2) Direction away, and 3) Direction against. She proceeds to develop this concept in understanding the neurotic pattern, where one or the other direction becomes dominant and compulsive, and where the balance, so clearly demonstrated as essential in the growth process of the child, is thrown out. This concept of the basic conflict differs from another theoretical point of view that assigns to instinct a quality of perpetual and unmodified danger, and where the defense mechanisms of the ego are activated primarily to keep these dangers in check. The emphasis from this point of view focuses on those forces within the individual, with the need to build defenses against their springing back into action in their unmodified form. The differentiating

process from this point of view is regarded primarily as an internalized one between the id, representing the drive for unhampered gratification, and the emerging ego, to which is assigned an executive function to modify or sublimate primitive urges into socially acceptable patterns. In contrast, Horney's conception places the greater emphasis on the individual, interacting and adjusting to the social forces with their potential for influencing the individual and modifying these original drives from their original, undifferentiated quality to one with purpose and direction.

The more biologically based conception of the basic conflict is, from my point of view, one that is narrower and less dynamic. The child, who moves from the natural infantile impulse level to one containing purpose and direction, away from gratification to a socio-individual way of living, must in the process be engaged in relationships that favor or hinder the move from infancy to more mature levels of living. More than biological forces are involved. Impulses, drives, needs, instincts, whichever terms we use—and they are all used—represent the undifferentiated, or the more total, life quality in the organism at birth. The inherent drive for growth, guided by the cultural force (the parent), inevitably is involved. While the infant is discovering his relation and dependence upon the parental figures, they in turn are discovering, in their new roles, their relation to their child. The more rapid change in the child needs the steadier and less rapid change of the parent. The dynamic is continued in the interaction and the basic conflicts emerge. This point of view postulates that there is an inherent positive drive for growth and change, and emphasizes the influence of life conditions as playing an important role in shaping character. Physical growth provides the energy and the tools. The use of this energy—the emerging will of the child—enables the organism to go into action and into relationship with another will or living person essential to the satisfaction of his dependent needs.

It is my desire in this paper to develop

Horney's concept of the basic conflict as it applies to child psychiatry and to the childhood period, where we can observe the essentiality of all three directions as the child differentiates himself from the parental figures and becomes a person in his own right, different from those who provided him with his biological equipment and started him on his life journey.

First, I want to discuss briefly the differentiating principle itself as it applies to the emergence of the self of a child. This is a dynamic process since it can occur only when two living objects, each different but dependent upon each other, come into a constantly changing relation to each other. It underlies the whole phenomena of change, a fundamental characteristic of human material. The concept of differentiation has been developed extensively in the biological sciences, and the earlier differentiating process which proceeds through life is physiological. Through a constant and orderly process of cell division, each new part comes into a new and functioning relation to the old, from which stems the new. Groups of cells with the same function operate in relation to other groups, with each dependent upon the other. The totality of the emerging fetus acquires a functioning capacity that brings to an end one phase of biological differentiation; he is born and a new differentiating process is set in motion between the mother and the child. Each begins to change in his functioning relation to the other.

In the growth process that gradually unfolds, several distinct but related processes take place. I can do no more than mention a few of them. Physiological differentiation proceeds with new functions and capacities emerging—speech, motor movements, sexuality, etc. With these new tools to use, the growing child has the energy to bring him into a constantly changing relation to the adult and peer figures in his life, and they to him. The littleness of himself, with his dependency needs, comes into relation to the more organized bigness of the adult who accelerates or blocks the differentiating process in the child as he emerges as a feeling, thinking organism.

As this aspect of the differentiating process proceeds, the child is brought into an ever-changing relation to his parents, siblings, etc. The father and mother in their new roles move into new relation to each other—all contributing to an ever-changing family *gestalt*. There is nothing static in these various processes. Each influences the other as the growth journey of the child moves on.

Birth breaks up the biological totality of mother and child. This ever-recurring, universal event, with the separating direction being dominant, sets in motion a life-long process in which the three directions operate in relation to each other, sometimes in balance, at other times with one gaining ascendancy over the others. The more the childhood period is understood, the more we realize the essential element in each direction: the *toward* representing the dependency need, the *away* carrying the need for separation and independence, and the *against*, or using Levy's term, "oppositional,"³ representing the natural aggressive reactions of the child to the organizational efforts of the culture and the need to build up defenses against being molded by a force external to himself.

While birth breaks up the physical relation of mother and child, their togetherness, so essential for a child's survival, is restored—now, however, as separate, living organisms. As the major characteristic of infancy and early childhood, dependency upon the maternal figure makes the direction *toward* the mother the dominant one. Her responses to the infant's need begin to play a significant part in setting in motion the other essential directions. The child's need for food, etc., elicits from the maternal figure responses consistent with her feeling about the new role in which she now functions. The quality of her response influences the initiation of the *away* direction as the tension emanating from basic needs is relieved. The sequence here, as stated by Benedek,⁴ is first need, then discomfort (crying), followed by gratification and sleep. The infant has had his first experience of reaching out (aggression), finding in the mother the source of need and

HORNEY'S CONCEPTION OF THE BASIC CONFLICT

then moving away from her. Here the moving away (separation) is a natural sequence of moving toward, and provides the prototype of experiences that follow.

The infant is vulnerable both to favorable and unfavorable influences that impinge upon him in this early period and he responds in a way that accelerates or interferes with both the reunion and separation processes. For example, the anxious or hostile mother, representing a noxious influence, can create a stress situation to which the infant responds with tension, usually revealed by somatic disturbances such as excessive crying, colic, reaction, etc. Where this becomes a repetitive pattern, the stress in both mother and infant increases, with the result that there is an unsatisfied residue in the child's reunion with the mother and in the subsequent moving away. The moving away can become a defense against further frustration and can result in a pattern so well described by Sullivan⁶ as the "apathetic response," and recently documented by a number of investigators studying the effects of abrupt physical separation of young children from their mothers. Emotional starvation is shown by these studies not to be a figure of speech but a reality. Here the moving away is completely out of balance with the toward direction. Isolation, rather than integration, can be the result.

Coming back to the normal evolution in the growth process, it can be stated that the infant who, in moving toward the mother, has his dependency needs satisfied, can move away from the mother in a way that insures more balance in each. A child who has had the satisfactions of being an infant is the one who can relinquish the infantile need of the mother and move away, and satisfy more of his dependent needs out of the growing resources within himself and out of new relationships which he is freer to make. Such a child has a firmer foundation for the journey toward independence and self-actualization which, in a healthy sense, is always felt, not as a total feeling, but in balance with the dependent needs always found in relationships throughout life.

Thus far I have mentioned only two of the three major directions in the growth process. The direction *against*, as it evolves in balance with the other two, can and does give a vital quality to the emerging sense of self.

The constructive element in the *against* direction is harder to comprehend by the parent and for a child to feel. It is frequently equated with hostility and a struggle against the blocking or thwarting of the will, which Rank,⁶ another dissenter, describes as "that autonomous organizing force in the individual which does not represent any particular biological impulse or social drive but constitutes the creative expression of the total personality and distinguishes one individual from another." The fact that in the growth process the hostile complex of feelings may be dominant, and a rigid defense of the ego against any surrender of its individuality, can cloud the fact that the organizational forces represented by the parental will are essential and therefore potentially positive.

The *against* direction is the child's need to gain some sense of mastery over the forces that impinge upon him. He will seek to gain some control of his own individuality against the forces that seek to take it away. Can he be helped to make use of this power, or does he have to fight for more power? Can the parent stand steady in the face of the child's efforts at mastery, or does he have to retain the power and seek the more total submission of the child to it? These are the essential questions in influencing the dominance of the positive or negative components of this aspect of growth.

What the infant is born with, his biological equipment, must be adapted to the world into which he is propelled, which has fairly well-organized expectations of the kind of individual he should become. How the child preserves and defends his individual difference while acquiring a quality that allows living with others presents an universal dilemma.⁷ There is an inherent conflict between the biological goals of maintaining individuality and the goals of the social forces which aim toward the

preservation and perpetuation of the culture and of group living, which require more uniformity. How does the child move into a friendly relation to the organizational forces while nourishing his own feeling of being an individual, with its characteristics of being different—neither a complacent precipitate nor an isolate? The *against* direction is an important part of the process of solving this universal dilemma, which simply stated is: how can a child be himself and at the same time be what his parents want him to be? For the parents, how can they have a child whom they love while helping him to be an individual, different from them?

Frequently, in the literature, the emphasis is placed on the "hostile world" into which the child is born. This connotes a basically negative intent to the directional forces which impinge upon the child in his growth journey. It also infers a hostile connotation in the early negative responses of the infant against the earliest molding efforts. The point to be made here is that basically the directional forces are positive and that the child's *against* reactions, as he slowly finds his own capacity for mastery, are essentially creative and not just negative. If he were completely helpless he would have no capacity to aggress and reach out to satisfy his dependent needs. It is natural for a child, feeling the power of the outside world, to set in motion whatever capacity he has to master it and thus gain an increasing sense of his own power. It is equally natural that parents, feeling a child's power, will use their own strength to build a framework within which the child can be helped both to assert and yield. If all is yielding, as in the example I will use shortly, there is an internalized and neurotic struggle to feel and express the negative. If all is asserting through continued attempts at mastery, the pseudo-independence thus gained loses so much of its social value.

Following birth, which breaks up the biological unity of mother and child, the child, because of his more total dependency needs, comes into relation with the organizational forces, usually represented by the maternal

figure. The woman who has fulfilled the role of "biological hostess" to a growing organism she has created out of her own body is now required to function in a new role. During the nine months, every woman in one way or another builds fantasies as to what kind of a child she will have—boy or girl, healthy or deformed, etc. Then the child becomes a reality, many times a fulfillment, many times a far cry from what she had anticipated. Not only does the mother's body now undergo changes to enable her to be the mother, her feelings and attitude undergo a reorganization to meet the new reality. Benedek⁸ describes so well the "emotional lag" in the mother as she reorients herself to the new reality and begins to respond to the infant's first demands upon her. This lag may be short and fade away with the child's first reaching out to her for the food he needs. In other instances, the lag may be prolonged and create a stress situation that activates tension in the infant and sets in motion a vicious cycle of distance between the two.

The infant, on the other hand, propelled into the world as a separate living organism, regains the symbiotic connection to the mother because of his more total need for her. While birth precipitates the *away* direction, his more total dependency establishes the dominance of the *toward* direction and re-establishes the sense of unity with the mothering person. A new and lifelong differentiating process gets underway as he experiences his separateness from the mother, while at the same time feeling his dependence upon her. He experiences his first frustrations as he feels his needs and acts to satisfy them, and discovers that the source is not a part of himself but separate from him. Here he feels his first discomfort and the first opportunity to start the process of mastery. He usually reacts in a vigorous way against the discomfort of delay and becomes a most demanding person as he seeks to restore homeostasis. Here we find, in a minimal way, the first life experiences in which the balance among the three directions gets started. He cries, he aggresses, the mother responds, he is fed and gradually, on a rhythmic basis requir-

HORNEY'S CONCEPTION OF THE BASIC CONFLICT

ing some delay, he relaxes and then moves back to himself, usually in sleep.

Important as is the *against* reaction, it acquires its creative and positive values only when in balance with the other two. In the early life of the child, there is a minimum of balance. A young child's verbal or feeling no, is vigorous and total. A parent's response may be equally vigorous or it may have the comforting quality of steadiness. In the first instance, the battle of wills that ensues may provide a disturbing prototype in which the negative component gains a dominant place; the second allows a more meaningful togetherness as the child learns he can both assert and yield.

As the growth journey proceeds, the child begins to discover a capacity to move out, and achieve more separateness without the crippling mastery of the child who is bound to a more parasitic way of living. He finds that by asserting himself against the organizational forces and then yielding, he takes a step toward making the particular requirement his own. In feeling and discovering his difference from those who gave him life, he can discover his likeness, but without the more binding quality of being an imitation or a product of the parental will.

In a previous paper, I gave the following meaningful quotation from Mead, who in his book, "Philosophy of the Present,"⁹ says, "The individual should, and does, have in some fashion present in his organism the tendencies to respond as other participants in the act respond." Where the directions noted are out of balance, this capacity can become a liability and its creative potential lost. In its more positive sense, this capacity is basic in a child's feeling of belonging from which he discovers the positive values of being different. In feeling different, he retains—in fact, nourishes—that capacity to be sensitive to the acts and feelings of others. This concept is the important element in communication. These values can be dissipated in two major ways: one, if in "responding as other participants in the act respond," the individual—child or adult—becomes a robot and an imitator and feels his value

only as he is like another; secondly, if in sensing how others act or feel, he negates in his own response any element of similarity. In the first, he becomes a parasite, in the second a rebel in its more total and negative sense.

As the parent feels and supports the separating direction in the child, he feels in varying degrees a sense of loss and wants to make sure he maintains his place in influencing the growth of his child. Even while the separating direction of parent and child gains momentum, there are resistances aroused in both. Overtones of anxiety, marked in some cases, activates several aspects of the *against* direction. The directing efforts of the parent stir resistances in the child against being pushed out of infancy. The opposite is true when the child feels the anxious mother holding on to him; he asserts himself against her predatory drive.

Up to this point, I have attempted to give a brief sketch emphasizing the meaning of these directions—the *away*, *toward* and *against*—in the growth process of the child. In doing this, I have tried to build a skeleton outline of a point of view about human growth and development that gives a balanced emphasis on the interaction between the biological and social forces always in operation, and always in relation to each other. In the study of the human being, it is crystal clear that we are dealing with living material that contains within itself the capacity to change and grow. This is as true of feelings, attitudes and ideas, as it is of the structural material of the body. It is equally true that change must occur within the framework of a culture, with its organized experience and expectations. The dependent nature of the child insures that growth cannot take place in a social vacuum any more than he could be born without the mother being the biological hostess for a fairly well-established limit of time.

The important point in studying the process of growth, therefore, is how these three essential directions gradually come into balance, and where each gives meaning and sustenance to the other. Mental health

of the individual might well be defined in terms of the balance achieved, where independence and dependence and the capacity to assert are in relation to each other. If this point of view has validity, then it has equal validity in gaining a vitalized understanding of the many clinical problems which reveal the imbalance and where symptoms of disturbance occur.

The balance of this discussion will be devoted to the application of these principles to the clinical field of child psychiatry. In passing, I might mention that in the evaluation of this specialized field, these same three directions have operated. Out of the parent discipline of psychiatry, child psychiatry was born and, in flourishing, has moved away from its source, while at the same time maintaining its new and changing relation to the parent discipline. Conflicts have accompanied this development: the fear of the parent discipline of losing an important part of itself; fear on the part of the new specialty, child psychiatry, that it will be drawn back to the parent with the consequent loss of its own identity. Just as with a parent and child, adult and child psychiatry are finding nourishment out of themselves and, at the same time, out of each other. A new quality of togetherness is resulting, bringing about the integrative quality so essential in a truly differentiating process.

The major thesis of this paper, a study of influences in the early years contributing to emotional disturbances, takes shape as we examine through three samples how Horney's concept of the basic conflict applies to child psychiatry. While developing this major thesis, I also want to examine briefly the therapeutic process, a unique life experience where these same principles have meaning.

Two brief sketches can illustrate the relation between the symptom picture and the marked imbalance in the basic directions created by the child's fundamental needs and the barriers in the parental response to the child's demands upon them. In one, the child, a six-year-old boy, moves away to assume a pseudo type of omnipotence as a way of denying his dependent

needs. The other, a girl of five, fearful of any separating move, develops symptoms that perpetuated a more parasitic relation with her parents. The boy developed severe ulcerative colitis; the girl suffered from persistent and severe asthmatic attacks. Both required constant medical care and several hospitalizations. Both were referred for psychiatric help by the physicians who helped the parents to consider the emotional factors involved and their own involvement in the child's difficulties.

First, the girl with asthma. Neither parent was emotionally ready to become a parent when this child was conceived. Financial pressures, living with maternal grandparents who resented the husband, and other factors created a tense family situation and kept the mother in an anxious and tense state throughout the pregnancy which she both wanted and feared. "What kind of a child will I have to reward me for all this?" was in the mother's mind through this period. The child was born prematurely by caesarian section, leaving the mother with the feeling that she had denied this frail and sick-looking child a part of herself. A real gap was created after birth through the mother becoming sick and the grandmother taking over and making the child her own. The resultant tension, with an infant who needed so much and who was described as "from birth on . . . a most difficult child," left few rewards for either child or mother. The asthmatic condition, appearing in the first year, became increasingly severe and, at acute stages, required hospital care which at a later period was recalled by the child as "when you went off and left me." Parents and child were caught in a tension-producing relation where any separating move aroused anxiety, which activated a physical reaction, which in turn pulled parent and child back into this more parasitic and unrewarding relation to each other. Both father and mother found themselves the parents to a condition rather than to a child who, as they said, "never quite felt she was our own child."

The emotional climate of the family of the boy with colitis also was one of ten-

HORNEY'S CONCEPTION OF THE BASIC CONFLICT

sion where everyone—father, mother and child—sealed over most of their feeling, both negative and positive. The tensions all felt in their relations to each other were largely unexpressed in any overt way. The mother, feeling a lack of freedom for herself, resented increasingly the demands made on her as a mother. The father, himself with colitis and with a life-long tendency to turn his back on anything unpleasant, could give no support to the mother as her anxiety mounted about the boy's physical condition, which started at the age of two. The mother, when tension mounted to the boiling point, would run to the ice-box and eat. The father, with his physical condition, seemed on the surface to be devoid of anxiety. The boy, with his natural dependency needs impelling him toward the mother, found minimal satisfaction. The mother, with her strong urge to have a happy, adequate and independent child, was unable to give much of herself to help the boy achieve that. Instead, she had a boy who, at an early age, developed severe intestinal disturbances which made greater demands on her and aroused more hostile feelings which she could neither tolerate nor express.

The resultant picture of the boy indicates that he had pulled away from the mother and developed a pseudo-omnipotent quality which in effect said, "I am adequate in myself," denying thereby his unmet dependency needs. In his first hour with the psychiatrist, he started the interview by saying, "I am John Smith, I'm five years old, I'm smart, I'm very good," and made it very clear he regarded himself as big and controlled and completely without fear, needing nothing.

The emotional distance between this child and the parental figures, particularly the mother, was clearly stated by the mother who said, "He never lets me know how he feels about anything." The *away* direction in its exaggerated manifestation clearly was a way of denying the *toward* direction, so essential in the normal growth process. The serious physical symptom, requiring as it did a great deal of careful medical attention, was the one way he had of being the "de-

pendent child," but in sharp contrast to the pseudo-independent quality, so much desired by the parents who could give so little to a boy needing so much from them.

The drive of both these children in the early infantile period was toward gratification of their basic needs. This is true of every child, who, with minimal capacity to master anxiety in the early period, is peculiarly vulnerable to stress-producing situations. The need impels them toward the basic mothering relation—the satisfaction of the need enables them to move away. In these two brief sketches, we see operating the noxious forces that placed serious barriers and led to a symptom, the evidence of imbalance in the three directions.

A third illustration: A sixteen-year-old girl, on entering a new high school after a summer break, began to have persistent vomiting each day. Careful physical examinations revealed no adequate reason for the symptom. After a valiant effort to stay in school, she withdrew and stayed home for a period of three months until, on advice of school and family physician, the mother and father sought the help of the Child Guidance Clinic.

The parents, in making this move, frankly were baffled and worried. Seeking psychiatric help was not easy—it rarely is. But, in living through the first reactions, they began to work on how their daughter could be included. In the course of doing this, they brought out many significant facts about the girl and the family climate. It was a closely knit family of father, mother and daughter. They did many things together and a family atmosphere of great consideration of each person for the other was dominant. They stressed this characteristic of the daughter. She was always considerate, obedient and thoughtful, and rarely went against their wishes. Until this condition developed, she had been an excellent student, highly regarded by her teachers, who saw her as one of their best students. She had friends, particularly among girls, but being a rather reserved person, she had a minimum of close friends. Her social life was mainly with her family.

It was significant that both father and mother in opening up this background began to express worry and some irritation over realizing that their daughter was "too good," and felt they were all too close to each other; yet this very closeness had been a quality they both cherished and encouraged. They had come to take their daughter's compliance for granted—not that they were unreasonable and even demanding. It just seemed to be their daughter's natural pattern, disturbed only recently by her irritability—a new quality.

Here we have a pattern of togetherness in a family where there was peace and comfort but relatively little differentiation of the three members. There was a surface harmony but a lack of vitality. The direction of the girl's growth pattern was dominantly toward maintaining a lack of separation with a minimum of the more assertive quality in any of them. They were all so protective of each other and the language of discord was foreign to them.

The girl's use of a short therapeutic experience gave a clear picture of the meaning of the symptom and of her yearning to be different and to move out from a pattern of goodness and conformity. In her first hour, this attractive adolescent girl presented a picture of being confused about why she was sick and fearful of the new experience she was entering. She learned in that first hour she could experience anxiety and master it. With less emphasis on what she could not do, she made a step ahead by a new emphasis on what she could do—be separate from her parents, be frightened and engage herself in a new relation.

In the next hour, she opened up on some of the unfulfilled yearnings. She felt a vacuum in herself, a selfless quality, which made it hard for her to reach out and have friends and to trust that she had the qualities which would attract anyone to her. Her frequent fantasy was to run away from home to prove to herself and others she could make a big success, entirely by her own efforts. Going to Hollywood and being a movie star was the vehicle of this fantasy. She hinted at her secret admiration of the girls who hung around the corner stores—

who were, in her description, "the worldly type." They represented a quality fascinating but foreign to herself and therefore dangerous.

She followed this hour with a more organized expression of the negative she had locked up in herself and never dared to bring into the open. She was sick of being the favorite student and secretly yearned to defy her teachers. She yearned to play truant from school and be a less obedient daughter. As she opened up, one could feel life flowing into this girl as she expressed this more assertive quality that had been so sealed over. She ended the third hour by saying, "I begin now to know I don't have to get sick to stay out of school. I am staying out right now because I don't want to go. I'll go back when I get ready."

The *against* direction, held in check but operating through a somatic channel, revealed the feeling this girl had about being such a selfless, unseparated person. At this point she was not ready to make the potentially healthy use of this new discovery. It had to be so total at that point. But, at the fourth and what turned out to be the final hour in therapy, she had the opportunity to make an important decision. The psychiatrist felt she would need considerable help in consolidating this beginning movement away from an old dependent quality, as she moved toward life and more independence. She was very thoughtful about this and decided she wanted to go ahead on her own and see what she could do. She was openly asserting herself against further help which, in considerable degree, was the evidence of her change. From a therapeutic point of view, it was important to go along with this decision, even though the change was sudden and might not be sustained. The family, working with the social worker, gave real support not only to her decision but to the new quality they felt in their daughter.

A word about the outcome. She did not go back to school until the fall term. She went away on a visit and in the fall returned to school. She finally commented, "When I used to try so hard to make friends, I was so unsuccessful. Now I am

HORNEY'S CONCEPTION OF THE BASIC CONFLICT

not trying and have more friends than I ever had."

The only point in using this material is to give rather dramatic illustrations of the main theme. Clearly there was a lack of balance in all three. This adolescent girl was caught in a selfless pattern of goodness and conformity and was independent only in her fantasy life. The anxiety aroused by her inherent need to move out activated a physical reaction completely disguising the basic conflict. The symptom was the opening door to health.

The basic premise upon which all psychotherapy is built, irrespective of different theoretical concepts, is that the person seeking and needing help has within himself the capacity for change. Otherwise, there could be no therapy. In the case of the adolescent just cited, so much of the energy of the girl and of her family was directed toward maintaining a unity of the group in which there was little room for difference. And, yet, the intestinal rumbling indicated a need for a new direction, and equally evident was the girl's inability to organize that direction in a way that would enable her to sustain the creative potential in moving toward becoming an independent person, different from those who nurtured her. She had so little emotional language to express the *against* quality, except in the fantasies locked up in herself.

This new emergent started in the medium of relationships when the therapist encouraged the more open expression of the pent-up negative, felt but never experienced. The first strivings for independent action were paralyzed by her need to retain her dependent status. The constructive forces were bound down and the therapeutic experience, short though it was, was a releasing experience in which there was a beginning balance between feeling and understanding. Being freer to experience feeling, she could begin to understand her basic strivings to be a person, different but related to the forces which held her in bondage.

Just as the life process through which the human being acquires a sense of himself is one of differentiation and integration, so

does the therapeutic experience build on the same basic elements. Therapeutic work around the emotional disturbances of children illuminates so clearly these basic principles. Because of the nature of childhood, the significant adults are involved in each step of the therapeutic journey. They initiate the process out of their own concern, usually focused on a symptom, then present the child to the experience available for him, supporting the experience by their own participation and being a part of ending, and helping to nourish the gains which make ending a constructive experience for both child and parent.

The psychology of the helper plays an important part in the building of the therapeutic structure. That he requires a high degree of emotional maturity goes without saying. Having this quality, reinforced by training for the professional competence needed, will enable the therapist to see and be related to the patient as he is—not just as a sick person or as one to be synthesized in the therapist's image, but one whose potential for wellness lies dormant and clouded over by the conditions dictating the need for help. Can the helper be basically related to this potential for wellness inherent in every human being, or does he become so preoccupied with the problem and the psychopathological mechanisms operating that he loses sight of the person in whom they are operating? The latter preoccupation can disguise the more positive and constructive potential of psychotherapy which must be directed toward the strengths of those needing help as he mobilizes through the experience a more effective use of himself.

Therapeutic work with a child has many unique features. Mention has already been made of the part of the parent in initiating and supporting the helping process for the child. This illustrates one of the most unusual features, reflecting how clinical services for the emotionally disturbed child incorporate an understanding of the nature of childhood. Children are brought for help; they do not seek it out of their own need. They are brought because the significant adults in their lives are worried, dis-

satisfied, and say in one way or another that change is necessary. So, the dominant implications of this move for a child are that he is going to be changed.

Just as an adult, needing and seeking help, invests the helper with the power to change him, so it is in even greater degree with a child. This new force introduced into his life carries that threat which at the same time is a hope that change can be brought about by this new force. The first reaction characteristically activated by this move is defensive and charged with anxiety of varying intensity. Quickly, the child reveals in his first exposures to this new force the patterns of behavior that are dominant in his daily life at that point.

The undifferentiated child, with the dominant direction being to cling to the parental figure, naturally will face considerable anxiety as he experiences the separating move initiated by the parent and entered into by the therapist. He will react against both the separating direction inherent in being brought for help, and in making a new connection to the person offering him the opportunity of a new experience with its new differentiating opportunity. The therapist, ready to help the child mobilize his important defenses against the new experience, lays the foundation for the child to yield, and move toward the new and away from the old to which he has been held and to which he has clung. The process by which a balance between the old and the new is achieved is slow in some instances, rapid in others. But it is the tempo of the child, not the helper, who provides a steady force around which the swirling confusion of the child revolves. The child projects on him the power to change him and in defending himself against this power assumes either an attitude of passive helplessness or a quality of omnipotence within himself. In this process, with its exaggerations, a new balance can gradually emerge. The biological child, the social child, one self-created, the other created by the social forces, come more into a new integrate—the living, functioning child in a family. Where the therapeutic experience, an episode in the

child's journey, assists the child and his family to this quality, it has fulfilled its basic purpose.

The waking-up process takes place in a setting of interaction. The parent gives, the young child takes and uses what he receives for his own self nourishment. New capacities emerge which in their functioning result in ever-changing elements in the broadening relationships of the child to the world in which he awakens; his self image becomes an admixture of what he is becoming in himself and what is created by those who are a part of his growing up. It is clear that one cannot exist without the other. It is equally clear that there is always an element of conflict between them.

In this paper, I have tried to state two views of the basic conflict. In many ways they are contradictory. But, both are concerned with the complexities of the human developmental process. Rather than one negating the other, each can illuminate the other. The one given the major emphasis in this paper concerns the interaction between the inner and outer forces operating in the self-actualization process of the child. It emphasizes the point of view that sees the dynamics in the growth process contained in what Meyer, previously quoted, terms, "The differentiation of live people." The forces, impulses, needs, instincts, drives representing the aliveness of the new-born infant come into relation with the forces of the world into which he is born. These forces represented in the child's development by the parental figures must, because of the undifferentiated and dependent nature of the human infant, play as significant a role in the child's development as the biological equipment the child is born with.

The other point of view of the basic conflict which has contributed so much to the understanding of human behavior and the motivating forces impelling him on his road to maturity, places the greatest stress on the internal differentiation within the child. While instincts to which a function is assigned are diverted from their purpose under the impact of the culture, they are held to retain their original purpose and, whenever possible, to reassert themselves. As

HORNEY'S CONCEPTION OF THE BASIC CONFLICT

Anna Freud¹⁰ states, "The instinctual dangers against which the ego defends itself are always the same."

The trend that moves away from regarding the ego, the functioning individual, as having more than an executive and defensive function to hold down and divert original drives into socially acceptable functions, represents to me some merging of divergent philosophies. The psycho-biologically integrated quality of the ego essentially has a creative component. Growth can be viewed as a positive process, not just as an avoidance phenomenon, to ward off the dangers of unaltered instincts which are assigned defined purposes in their original forms. This point of view is in accord with Rank,¹¹ who states, "The ego is more than a mere show-place for the standing conflict between two great forces—it is more than a helpless tool for which there remains no autonomous function."

Finally, I want to examine the concept of the latency period, one of the cornerstones of certain psychoanalytic theories, from the point of view of the basic conflict as formulated by Horney and applied in this paper to the childhood period. The theoretical concept of what has been termed the "latency" period of childhood, roughly covering the period from five or six to early puberty, seems logical when viewed with strict adherence to the libidinal theory and the concept of infantile sexuality. Freud,¹² in his book, "The Problem of Anxiety," gives this clear statement of his concept of the latency period: "Where there is an abrupt interruption of the sexual life after an initial florescence up to around five, after which it commences anew at puberty, dovetailing, as it were, with the tendencies of the infantile period." The basic conflict here is contained in an unaltered instinctual drive for sexual gratification based on the strict interpretation of the Oedipal conflict with the mother as the object of the child's incestuous desires which must be repressed. As Freud once said in discussing Little Hans,¹³ "The mother has a predestined part to play."

An important question arises when the basic conflict is viewed as emerging out of

the constant and never dormant interaction between the emerging self of the child and the significant adult figures who provide the child with the framework for self-development. The question I have is whether the concept of the latency period is valid in the light of our increasing knowledge gained from children, and how useful it is.

I feel we are on more solid ground when we think of the childhood period as one of awakening and consolidation of the emerging self, and the maternal figure, a symbol of infancy, gradually being relinquished by the child as he and the mother differentiate themselves from each other. Certainly no child, healthy or otherwise, suddenly relinquishes infancy and the essential gratifications of the period. A slower process of awakening occurs in a world of people and events. This is a period of self-organization and of moving away from the parental relations so essential in the gratification of dependent needs, to a reality of broader opportunities offered by school and community for the functioning of the emergent sense of being a person in his own right. New skills and new functions begin to emerge and impel the growing child into new relationships outside the family through which the process of self-actualization proceeds or gets blocked.

Masserman¹⁴ was one of the psychiatrists who questioned the orthodox conception of the latency period and speaks of it as "the period of progressive channelization of the child's interests and activities into educational and social pursuits outside the immediate family . . . It is a period of great pedagogic and cultural importance since in them are formed the ideologies and future patterns of the individual."

What he has gained or has failed to gain out of the past naturally influences the directions which function in the new. The emotionally starved child will reveal in his later relations how he tried to maintain his uncertain integrity in the face of new realities. Some may struggle against any relinquishment of the unrewarding parental figures; others will put up defenses against their needs and assume unreal and isolating feelings of omnipotence.

Certainly, as we learn more about children from the childhood period itself and less from the retrospective accounts of later life, the more we can understand the significance of biological and cultural interactions. Separate, but never functioning apart, they are always in relation to each other. In this sense, we have replaced the concept of the latency period with its connotation of dormancy to one of constant activity in mobilizing what Sullivan calls "the self system."

Parents have been regarded by earlier writers as "objects of aim-inhibited impulses only." This dominantly negative concept is one that cannot be harmonized with the facts of life. Parents potentially represent the positive forces in the child's growth journey that enable impulse or instinct to acquire a function—the partialization process. This point of view postulates that the undifferentiated impulse or drive in the infant is a life force without a specific function. Under the guiding influence of the parental figures, the infant gradually moves from impulse to purpose. Childhood can be viewed more as a meaningful, organizational, mobilizing period rather than as one of building defenses against the latent dangers of unchanging drives which at any time are liable to leap out with all their unmodified force. That they can do that, as the *against* direction gains ascendancy against the modifying influences of the cultural forces, is true. But, I hold to the belief, sharpened by clinical practice, that growth of the self is basically a positive one and not one of avoiding the dangers of unalterable instincts.

Relationship with others is the price every human being must pay for living. Can he pay this price and gain its rewards while retaining his feeling of personal independence? This is the universal dilemma. In extreme forms, the concept of personal independence denies the need for relationship, just as the fulfillment of oneself in another denies a feeling of being independent. The cultural forces strive for more conformity—the individual toward nonconformity in order to preserve independence. One can lead to isolation, the other

toward parasitism. In balance they lead to health.

Truth about human nature, and particularly the childhood period, emerges as we are free to extract it from different and divergent concepts. No one theoretical concept has a priority on holding all the answers. For this, if for no other reason, dissenters from current beliefs can be the stimulators of progress. Just as the child in his growing up acquires a more abiding sense of value about being different, the inalienable right and asset of every human being, so can we incorporate into our theory and practice the stimulating quality of difference. "The fear of difference can be the fear of life itself." May that fear be forever diminished in our professional growth.

BIBLIOGRAPHY

1. Meyer, Adolf: Spontaneity, Proceedings Illinois Conference, Public Welfare, 1933, 25.
2. Horney, Karen: Our Inner Conflicts, W. W. Norton & Co., New York, 1945. Chap. 2-5.
3. Levy, David: Oppositional Syndromes and Behavior, *Psychopathology of Children*, Grune & Stratton, 1955.
4. Benedek, Therese: Psychosomatic Implications of Primary Unit, *Mother-Child Journal*, Amer. Ortho. Assn., Vol. XIX, No. 4, 1949.
5. Sullivan, Harry Stack: *Interpersonal Theory of Psychiatry*, W. W. Norton & Co., New York, Chap. 1 and 10.
6. Rank, Otto: *Beyond Psychology*, Privately Printed, 50.
7. Allen, Frederick H.: Dilemma of Growth, *Arch. Neur. & Psychiatry*, Vol. 37, 859-867, April, 1937.
8. Benedek, Therese: Op. cit., 646.
9. Mead, George: *Philosophy of the Present*, Open Court Publishing Co.
10. Freud, Anna: *The Ego and Mechanisms of Defense*, International Universities Press, 1955, 58.
11. Rank, Otto: *Truth and Reality*, N. E. Knopf, 1936, 9.
12. Freud, Sigmund: *The Problem of Anxiety*, W. W. Norton & Co., New York, 151.
13. Freud, Sigmund: *Collected Papers*, Vol. III, 171.
14. Masserman, Jules: *Principles of Dynamic Psychiatry*, W. B. Saunders, 1946, 25.

KAREN HORNEY
ON PSYCHOANALYTIC TECHNIQUE

BLOCKAGES IN THERAPY

JOSEPH ZIMMERMAN

Compiled and edited from lectures on psychoanalytic technique given by the late Karen Horney at the American Institute for Psychoanalysis during the years 1946, 1950, 1951 and 1952. Further lectures in this series will appear in subsequent issues of the Journal.

WHEN a patient comes into analysis he wants to change but doesn't know exactly what. He is unaware of the multiple factors that are hindering him from changing. Some of these factors we call "blockages." The concept and the use of the term "resistance" puts too much onus on the part of the patient. It is too generalized an idea. On the other hand, the term "blockages" includes those forces which retard the analysis, e.g., all the patient's neurotic difficulties. The patient's defenses are considered identical with his obstructive forces ("retarding forces").

What do these "blockages" stem from? They stem from his obstructive forces. However, they are not altogether obstructive to his growth. For example, the compulsively helpful patient may be useful in his relationship with other people. A patient whose major defense is mastery may have a good impetus really to tackle his difficulties. In therapy, the forces a patient uses toward neurotic goals may be of use in initiating the analytical process.

How do these obstructive forces show in the analytic process? The patient in treatment soon reveals his "blockages" in many areas of his waking life—in school, job,

marital, and other interpersonal relationships. When we speak of "blockages" in treatment, we are pointing to some of the difficulties known and unknown to the patient when he comes in for treatment. For example, a patient who comes to a physician to obtain treatment for a fractured leg, not only comes in with a fracture but also with his attitude toward it.

In analytical therapy we see something similar. We attempt to make the distinction between what the patient comes in with and his attitude toward it. More important, we also distinguish what he withdraws. The latter is as much an expression of his difficulties as the anxiety he manifests in not testing out things, e.g., when he comes in for his psychosomatic disturbances. It is the ideal patient who, when his pride is pointed out, is eager to examine it. We soon discover that he has attitudes toward his own neurotic difficulties. It is then considered profitable to distinguish between his difficulties and his defenses against experiencing these difficulties.

What does he defend? He is not defending his whole neurosis. He is just interested in getting rid of certain factors. For example, he wants to get rid of his symptoms, his inhibitions, his inability to stand up for his beliefs, his shyness. However, he does defend what has subjective value for him. Whenever the patient goes on the defensive, his subjective values are involved. These are a mixture of both his constructive and obstructive forces. For example, a pa-

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tient who sees himself as a saint with women (consciously), and is not aware that he is also striving to conquer women, will tend to mold himself toward becoming more saintly. He is unaware that he cannot tolerate his unsaintliness. We find that his attitude is divided. The vindictiveness he cherishes he mistakes for spontaneity. He is actually afraid of his natural spontaneity.

Since in the analytic situation he must expose these aforementioned difficulties, it is not surprising that he will feel attacked and that he must be persuaded to defend these values which he experiences as "precious" to him.

CLASSIFICATION OF DEFENSES

The patient's defenses can be classified from three viewpoints: *Kind*, *quality*, and *location*.

As to *kind*, we find two large groups: 1) Defenses in the patient's attitude toward the analyst, 2) Defenses in the patient's attitude toward himself.

In the patient's attitude toward the analyst his defensive maneuvers may be on a personal or impersonal level. For example, on a personal level the patient may express hostility or appeasement. On an impersonal level, we very often find that over a period of time nothing seems to happen during the analytic sessions. This is an expression of his defensive maneuvers. This was seen in the case of a woman patient where over a period of six months in her analysis nothing seemed to occur. She just didn't budge. The defensive passivity which showed in her therapy seemed to pervade her whole life situation. After a while she was asked, "Are you not defending something?" This meant something to her. She began to associate about a friend who had died one-and-a-half years ago. She felt that since then something had been wrong; it wasn't the grief or the circumstances, but something else. She seemed to avoid this "something else" until she was asked, "Was it perhaps that you could not control her death?" The patient denied this at first, but then the flood of associations that followed clearly pointed to her peculiar atti-

tudes toward death, dead birds, animals, and so on.

This led to the patient's becoming aware that she disliked her inability to control the death of someone close to her. With this she got a new meaning about her "need for control." Her associations then began to center around the rage she experienced when she and the analyst missed appointments. This was followed by her expression of anger against the use of anesthetics, her inability to control her feelings, not being able to avoid suffering. What initiated the analytic process to move on was her response to the question, "Are you not defending something?" This led to her awareness of her irrational need for control.

In defending his attitude toward himself, a patient shows particular concrete defenses and also over-all defenses. For example, the patient may be on the defense against the recognition of his "claims." He may drop the subject and come back to it several hours later. He may feel entitled to them. As the analysis progresses, an over-all defense (e.g., will power) is uncovered which has been used to protect the patient from an emerging anxiety. This he has attempted to do "by an order from his brains." So, it is always helpful, first, to find out about a particular defense, and then ask, "Is this part of a more pervasive defense?"

Under *quality* of defensive maneuvers, we may find defensive attitudes ranging from a seemingly passive kind to a more active variety:

For the patient who has a *need for distance*, becoming involved is a frightening experience. He has to make himself inaccessible to the analyst's efforts. He maintains an observer attitude in his relationship with the analyst and takes up everything he offers with impenetrable politeness. Such a maneuver also may be manifested in a more active way—by forgetting, omitting, or withdrawal of interest. Further, the patient may say "that's enough," or, "I haven't enough money to continue," or he may be on a "running board," ready to quit analysis.

The patient who has a *need to fight* may use argumentative, assaultive, or de-

BLOCKAGES IN THERAPY

feating tactics, either overtly or covertly. This becomes manifest particularly in the analytic relationship. Here the patient may have a legitimate basis for it; he may express resentment of his analyst for his shortcomings, which he manages to exaggerate. This is something very vital for him. It occurs especially when he experiences his own imperfections. Thus, he desperately attempts, unconsciously, to undo whatever progress has been made in analysis.

Another defensive maneuver frequently encountered is that of *disarming or appealing*. He may defend the secret belief that "through love and being lovable" he can solve all the problems of his living.

Closely allied to this is the maneuver of suffering. Here he may demonstrate self-pity as a subtle accusation against the analyst's method of helping him.

Location in the analytic relationship will be taken up later.

NATURE OF DEFENSES

As to the intrinsic nature of defenses, there are two kinds: 1) "Positive values", 2) "Protective or defensive values."

Something may be said regarding these "positive values." For the patient, these seemingly "precious values" are indispensable to him; he is defending his main solution. They give him a feeling of a zest for living, satisfaction, worth, strength, or rights. He may have to pursue these values with the vigor and passion of a demon. He may become obsessed by ambition, power, having to reform, or be relentlessly driven toward love—all to find a meaning for his life. He may feel empty without it. He may be driven to exploit, to bargain, to seek vindictive triumph or vengeance or delight in tearing others down with him. He may say, "If I'm miserable, why should anyone else be happy?" He may be relentlessly driven to feel acceptable to friends, or "live through and for others." He may need to feel that "work" gives him meaning, worth, strength and rights. He has a need to be accepted by others and feel useful to them. He has a need to attain a feeling of worth or strength through mas-

tery or omnipotence. This gives him a basis for his "claims" on others.

In contrast with the above, there is another kind of defense which we may encounter: "protective or defensive values." These are not as "precious" to him. They are also seemingly indispensable as a protection against something. They include defending all his defenses from being threatened by anxiety. Here may be listed some of them:

a) Distracting or narcotizing maneuvers, such as excessive use of alcohol, drugs, sleep, sex, etc.

b) Warding off the destructive effects of conflicts. This can be in the service of "streamlining" through such rationalizations as, "Isn't it normal?" or "Isn't it human?" to think, feel and act the way I do, and through psychic fragmentation (compartmentalizing) and cynicism.

c) Defenses against criticism. Here may be included the patient who frequently resorts to guilt feelings, self-contempt, arbitrary rightness, pretenses, control.

d) Magnanimous defenses against hurts and disappointments (e.g., a cavalier attitude).

e) Defenses against awareness of unconscious anxiety, such as the use of despair, optimism, hopelessness, emptiness, increased work activities.

f) Defenses against succumbing to chaos, "feelings," feelings of being lost, inertia. Here the patient may hold tenaciously onto his rigid "shoulds," "claims," etc.

g) Over-all defenses. These include patients who externalize diffusely, and intensely need to eliminate themselves. They manifest a high degree of over-righteousness about themselves, and have an urgent inner conviction that somehow they will get by.

Now, the question arises: Isn't everything in neurosis a defense? It is true that the patient is defending what is subjectively valuable to him at the time. This becomes manifest during the analytic relationship when he begins to get a glimpse of its compulsion. The difficulty is his existing need to hold onto these values. It is the analyst's task to aim at his need to adhere

to these values. Here is where the analytic relationship plays an important part in the process of reorientation. There are two ways in which this is so: 1) It is a good human experience, 2) The patient brings in his difficulties and defenses in this relationship. The relationship between the patient and the analyst is a "functional" one, and this does not mean that it is impersonal. The whole relationship stands under the sign of "work to be done" in helping the patient toward his own growth. This is a good guiding principle to follow. In this relationship, which is part genuine and part neurotic, the patient may have something constructive to offer. We, as analysts, will fall short of our goal for the patient unless we adhere to this. The patient's attitude toward authoritarian persons (e.g., the analyst) "giving advice" may come into the picture, and may stir up anxiety when he experiences analytical help. However, when we think of the patient's personal neurotic difficulties, there is nothing peculiar about what he experiences in the analytical relationship. The only thing is that it is brought out in the open. What appears to be peculiar in the analytical relationship becomes clearer and more understandable when we recognize that the patient is defending his vital subjective values, which are being attacked and which he must defend. He has to ward off "finding out," for this he experiences as a threat.

SURVEY OF THE WAY BLOCKAGES SHOW IN ANALYSIS

Defenses take on a more personal character in the analytical relationship. "Blockages" arise when the defenses are threatened. To clarify, we might use as a guide the following ways "blockages" manifest themselves in therapy:

- 1) In the beginning of analysis.
- 2) In the analytic relationship per se.
- 3) In the productivity of the patient's associations, both in and out of the analytic hour.
- 4) In the patient's responses to the analyst's findings and interpretations.

5) In the patient's attitude toward resisting change and taking his own stand.

In the first hours of therapy, the patient's motivations are mixed. His constructive wish for health is blocked by his need to keep the status quo. His pride may be too great. He may be too self-righteous; his frightened threatens him; he must be too self-sufficient, and so on. His whole pride system is an obstructive process which stands in the way—he may be either too limited or unlimited in his expectations. He may just want to tackle one area—marital, sexual, work. These create limited expectations in his motive; his only problem may be, "Should I get divorced or not?" or some indecision about his work "and that's all." In his unlimited expectations, he may feel that he should be a perfect and finished product. When these expectations are not reached, he may feel cheated. However, these are less obstructive than those trends in patients who feel that analysis should achieve results through *magic*. They may concern themselves about the analyst, that he has a *magic wand*—a hidden treasure—and that their troubles therefore will be solved. They may concern themselves with the idea that they should be able to solve all their problems through the magic of "will power" and intellect, or through "love" and all that pertains to it. They may not be accessible to rational expectations—nor can they be expected to be.

During the analytic relationship, the patient may resort (unconsciously) to "blockages" of an acute or chronic variety. Acute blockages may manifest themselves in the patient's overt actions in resorting to frequent sexual affairs, masturbation, alcoholic bouts, or excessive use of drugs. Chronic blockages may be seen in patients who show a marked resistance to change. The so-called "negative therapeutic reaction" is considered a manifestation of this. This is frequently seen when a patient, beginning to experience constructive changes within himself, moves back a step, complaining that he is "feeling worse."

Blockages of the patient's productivity and associations in analysis may be mani-

fested in his attitudes in the beginning or during the sessions. He may become silent, listless, forget something or show little continuity in his associations. He may manifest some disturbance in his *eagerness* to talk about himself. He may complain of "feeling stupid" or of being "unable to understand." He may be overly duty bound, polite, gentlemanly or lady-like, overproper in accepting whatever the interpretation may be. He may feign reservation of judgment by saying, "Let me think about it." He may experience a rhythmical blockage during the hour; for example, he may start with "Hello, how are you?" and when unblocked then blends into pertinent material.

The quality of his *curiosity* in what he is talking about may show some evidence of his disturbing blockage. In the beginning of his analysis there may be sterile "reports" of what goes on, both in the office and in himself. If he should talk about what disturbs him, he may make no real attempt to ask questions: "Why was I irritated?", "Why did I feel better?" He may talk of others primarily, "What others think, say, feel about me." The very detached patient may omit references to interpersonal relations and only *ruminates* about his inner life's experiences. He may have no drive to get to the real significance of what goes on. He may spend hours describing events, detailing happenings to himself and others. Even without his dreams he manages to be a "reporter." His whole analysis may assume the air of a confessional. The significance of a problem in himself seems unheard of. He "slides off the track." He may resort to "figuring out" if he does detect a problem, or say, "Oh, my God, I wish this didn't occur to me." If you bring up "feelings," he will talk about them, think them, or look at you blankly when you suggest "feeling them." When he does "feel them," he will call them "silly" or "not important" and keep silent about them or omit them.

His capacity for being *honest* with himself may be blocked. The patient may want to be an "onlooker" and yet want to "find out." He may present the most blatant contradictions without being struck by them. He may resort to a great amount of

"compartmentalizing" or have an incapacity to be straightforward. As a consequence of all this, he is not alert to his pretenses (nor can he be). He may omit pertinent material or embellish it, so that the issue is successfully obscured. He may present everything with militant rightness. He may minimize a great deal. He may be self-recriminatory. He may have no vivid interest in the truth about himself, but produce vagueness, confusion, or an abundance of imagery. Finally, his *spontaneity*, or "capacity to let go," may suffer. In so far as his inner participation is concerned, he may be quite remote from what he tells you. It just doesn't concern him. He is not interested. He shows very little feeling. Consciously or unconsciously, he is unable to let something emerge. He must figure out. He may exhibit a great deal of passivity in putting things together, recognizing and measuring what he is saying. (Of course, don't expect the patient to be an analyst.) There are those who must be "the analyst"; they must show what their associations mean. The "passive-dependent" patient contributes loads of associations and says, "Here you have it. See what you can do with it." Then there is the patient who can associate better to himself outside the hour than in the hour. And there is the patient who is naturally slow in his productions—which should not be confused with "blockage."

Blockages may occur in response to the analyst's interpretations. This is when a finding or interpretation doesn't set anything going. The patient may deal with this in several ways. He may stress an *open denying or disproving reaction*. Here we know where we stand with him. He may argue openly or in a hidden way. He may go along certain lines. Whatever he may be doing may be quite rational to him. He will say, "Of course, it's irrational, but by and large it's rational." Or, "It's natural to want love, to be ambitious." Here the patient wants to show that his attitude is realistic and desirable, and that everything short of it is undesirable or downright dangerous. He may see rigid suspiciousness in himself, thusly: "In the world we live in it

is rational." When he is aware that he has little feeling for others, he may say, "It is much more desirable to have no feelings than to get hurt." He may find that his childhood defiance was life-saving. There is subjective value to this.

He or she may show a tendency to "jump to extremes." If you say something about sexual ambitions, the response may be, "Do you want to make a whore out of me?" If he recognizes his callousness, he may say, "If I were not so callous, others would run all over me." If he recognizes his "shoulds," he may say, "But if I didn't have any 'shoulds,' everything would be chaotic." The patient sees extremes because he is so remote from himself.

Another manifestation of this kind of blockage is when the patient resorts to "indirect disproving". He may confuse or minimize by saying, "It's all so complicated." He may resort to simple discarding—talk against a blank wall and say he doesn't feel well, or that he doesn't understand, or feels befogged.

Then there is the patient who may show a *seeming acceptance but makes silent reservations.* (Unconsciously), he may say, "You say I can't get away with things, but I'll show you I can."

Finally, there is the patient who constantly *declines responsibility* for what is said. This patient will be heard to repeat frequently, "But that's unconscious." Or, "that's neurotic." He may feel unfairly accused but can't help it. He may take the aggressive form with a counterattack. He may use self-accusations with self-pity or anxiety to decline responsibility.

Last of the five ways blockages show in analysis may be seen when a patient considers "taking a stand" or changing an attitude. We may find that his approach is unrealistic, as manifested by his special emphasis on improvements—he now must change immediately, and then complains that

"nothing changes." He states, "Analysis makes me worse," or "nothing helps." The patient may be quite subtle about it. He may be quite *unconcerned about change*, e.g., he is primarily "concerned with analysis," "change is another matter." Finally, in considering the patient's attitude toward *actual changing*, the following may manifest themselves: There may be no essential changes; change may be more on the periphery and not essential; it may not be commensurate with the work done. In this case, there are questions we must ask ourselves.

Taking a stand and changing will be the result of previous work. There is something wrong with the process leading up to it. Has the patient taken his findings seriously and gone through conflict? To what extent does the patient actually experience the difficulties he has "talked about"? Is his apparent lack of progress in part determined by his need to take his time in considering and making the effort to change? Or is the lack of change due to his recoiling from, or "taking a stand" on, something he has seen? For example, a patient who up to this point has been living extra-maritally now considers "pulling out" of the relationship, but his still-active fear and aversion to change may block him. It would therefore be necessary to tackle this before he could consider a definite step toward change.

In conclusion, we can consider three factors that are important in the doctor-patient relationship in dealing with blockages in therapy:

- 1) The analyst's constantly growing awareness of the subtle manifestations of the forms of blockages in the patient.
- 2) To attempt to account for, to understand, these blockages, and the patients' need for them.
- 3) To question *what* the patient is defending by these blockages.

KAREN HORNEY
ON PSYCHOANALYTIC TECHNIQUE

INTERPRETATIONS

RALPH SLATER

Compiled and edited by Ralph Slater from lectures on psychoanalytic technique given by the late Karen Horney at the American Institute for Psychoanalysis during the years 1946, 1950, 1951 and 1952. Further lectures in this series will appear in subsequent issues of the Journal.

WHAT is an interpretation? It is a suggestion by the analyst to the patient as to the possible meaning of what the patient says and does. The analyst gets his understanding from his observations of his patient, his reactions to what is being communicated by the patient, and the inferences he draws from his observations and reactions. When he tries to convey his understanding, or some part of it, to the patient, he is making an interpretation. It is important to make it quite clear that all interpretations are more or less tentative; in other words, there is always a margin of error. The analyst is well-advised to express truthfully to his patient the degree of certainty he feels in making an interpretation. He may, for example, say, "I feel quite certain that . . ." Or he may say, less positively, "I have the impression that . . ." or "I sense this might be . . ." The advantages of such a procedure in therapy are twofold. First, the analyst's groping will stimulate the patient to be active, to wonder, to search; secondly, if the analyst is careful, the patient will get the nuances. Then, when the therapist expresses himself more positively, it will have more meaning for the patient.

Certain interpretations are essentially uncovering and revealing in character—that is, they call the patient's attention to some aspect of himself and his functioning of which he has been more or less unaware. The timing and form of such interpretations are very important. However, not all of a therapist's comments are uncovering in nature. They may simply direct a patient's attention to the existence of a problem. For example, the analyst may point out a contradiction, an inconsistency, an overreaction, or forgetting. Such interpretations may be called stimulating. The analyst may make comments of other kinds: those which summarize or repeat; remarks which express an appreciative understanding, or present a healthy background against which the patient can contrast his neurotic belief. The analyst may ask for details or encourage the patient to produce more associations. Particularly important in this context are two kinds of interpretations: those that point out some blockage, and those that indicate that there still are problems open.

There is no absolute and sharp line of demarcation between stimulating and revealing interpretations. The former class merges gradually into the latter. What is essential is the *aim of all interpretations*, which is to activate a constructive move, to stimulate forward motion. An interpretation may be considered successful if the patient responds to it with both his mind and his feelings. The feelings may be "good" (hope, relief) or "bad" (anxiety), but they are all good, whether pleasant or not, if something is moving ahead. If an

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interpretation provokes an upset without activating a constructive move, it must be considered unsuccessful. We are not out to provoke upsets for the sake of upset. Also, it is important that the analyst follow up his interpretations, one with another.

What are the conditions for productive interpretations? What is it important for the therapist to consider? He must do the following, to the degree that he can:

He will make an approximate appraisal of the upsetting power of a particular interpretation at this time in the analytic process. Similarly, he will try to appraise the productive value of a particular interpretation at this time: Can the patient use it? Will it help? He will appraise the appropriateness of his comment, with regard to the continuity of the therapy. He will similarly evaluate the pertinence, the accuracy and the form and spirit of his comments.

With regard to the pertinence of interpretations, the following considerations apply. Often, or mostly, the analyst has a choice of interpretations; there are a number of points on which he may comment. He must try to pick out the issue which, at that time in the process, is most important, and not comment on side issues. He must try to select what is most meaningful and effective and can initiate greatest forward movement. In terms of pertinence, the most important factor is blockages; these have priority because they prevent the patient from progressing. The motto is, "blockages first." Acute blockages, such as forgetting, wanting to quit, etc., are expressions of all the retarding forces operating in the patient. These must be analyzed first or there will not be a forward move.

THE FORM AND SPIRIT OF INTERPRETATIONS

How is an interpretation to be given, in what spirit and form? This is always an important question. It can be approached from three viewpoints. First, striving toward the democratic spirit. Analysis is definitely a co-operative enterprise, but the analyst cannot get cooperation just by talking about it or asking for it. To the patient,

co-operation may mean obedience, and he will function in accordance with this belief. The analyst himself must have the co-operative, the democratic spirit—and in this area his example speaks louder than his words. The analyst must strive toward eliminating grandiosity in himself, and to eliminate all need to show off his superior knowledge and ethics. The therapist must realize that he has no corner on intelligence or morals; acting like a school master or a judge, talking down, preaching, are neither democratic nor realistic. It is well for the therapist always to know that he is dealing with a specific patient, and that his knowledge of this particular patient is limited. A genuine knowledge of this fact will help the analyst attain a democratic spirit which, together with an alive curiosity and eagerness (not over-eagerness!) will stimulate the patient and help him move in the direction of greater co-operativeness and searching, in the therapeutic work.

Secondly, striving for clarity and precision. The therapist can and must work toward greater and greater lucidity with a patient. Although he may be inactive verbally, he must always be active mentally and emotionally. If the analyst does feel vague about something and wants to try to make a point, it is helpful if he admits his vagueness and shows the patient that he is groping. Thus, he can say, "I see only very vaguely this possibility."

Thirdly, striving to become more and more sensitive to what the patient feels at the time being. Increasing sensitivity to the patient's feelings will have a positive effect on the lucidity of interpretations. Also, it will automatically help the analyst to know whether to present something sympathetically, or seriously, or with humor. Sometimes the analyst's anger may help a patient, if it is in the real interest of the patient. However, anger which comes from the analyst's neurotic residuals—for example, anger arising from hurt to pride or a frustrated neurotic claim—is not helpful, and the analyst must watch out for such reactions in himself. What is important for the analyst, in this context, is that he understand with ever-increasing thoroughness

INTERPRETATIONS

how the patient experiences himself, life and others.

TIMING OF INTERPRETATIONS

Here the relevant question is, when does the analyst say what he wants to say to his patient? This question is particularly important as it applies to revealing interpretations—that is, these interpretations which reveal something which is unknown to the patient and which the patient has an interest in not knowing. Such an interpretation is bound to evoke a defensive reaction in the patient. If it does sink in, the patient will experience an emotional response of some kind. The important consideration here is, whether or not the interpretation sets something going in the patient and leads to forward movement. Inevitably, if there is progress, there also will be suffering; our goal is not to prevent or avoid the suffering but to keep it to the minimum consistent with progress.

What are the essential considerations which the analyst must keep in mind when opening up a problem? The present condition of the patient, the present character structure of the patient, the continuity of the analytic work, the tackling of problems in their proper order, the proper spirit in making interpretations.

Appraisal of the patient's present condition means awareness on the analyst's part of how the patient is feeling at the time. Is he feeling abused, hopeless, despairing, contemptuous of himself? At such times he is more vulnerable and can take less than otherwise—and the analyst must be cautious and careful. If there is an upset, however, it should be analyzed, not ignored. The analyst will also appraise two other factors in considering the patient's present condition. The first is, what is going on in the analytic relationship? Is the patient feeling co-operative with the therapist, accused by him, vindictive toward him? The second factor is, what are the present circumstances? Is the hour about to end? Is the analyst going on vacation soon? All these facets of the patient's present condition must be considered by the analyst in mak-

ing a decision regarding when to open up a problem.

Reflections concerning the patient's present structure are also necessary. The analyst strives to know what he is tackling, and whether or not the patient can do something with a problem in view of his structure. Can the patient consider giving up something the analyst wants to tackle? For example, can a patient take back an externalization of self-contempt? Is his present structure strong enough so that he can experience it as his own? Or, another example: a patient talked about angry, hostile feelings directed at everyone. The analyst told the patient that he had indiscriminate hostility based on false premises, and that not everybody was hostile. The patient reacted with anxiety and skepticism. On reflection, the analyst saw that this patient had lived all his life on the assumption that the world was hostile and that he lived in accordance with this belief. He felt that he was being realistic and was proud of this realism and of his strength and invulnerability. This pride was what had been attacked by the interpretation. The analyst then proceeded with the work by opening up the problem of the patient's need always to be vigilant, and this proved to be acceptable to the patient.

Premature interpretations are interpretations given too early in the therapeutic work; the patient cannot make constructive use of them at that time. Such interpretations are usually the result of the analyst's failure to be clear as to what he is tackling. He does not know what his comment really means to the patient at this time. The analyst with remaining unresolved expansive trends is prone to make premature interpretations. By and large we tend to be overconcerned about premature interpretations; we tend to focus too much on whether or not the patient will get upset, too little on whether or not it will be profitable. Many upsets are unnecessary but most pass by. Most premature interpretations glide off and do not upset the patient—something self-protective operates automatically. It is also true that we can usually take more than we think. However,

there are certain dangers, which it is well for therapists to know about.

In the early stage of analysis, before the patient has developed a fairly good relationship with the doctor, upsetting premature interpretations may cause the patient to discontinue treatment. Also, in borderline cases caution is necessary. An anxious over-concern about possible prematurity of interpretations has its disadvantages. It tends to cramp the analyst's spontaneity and makes for an unrealistic overcautiousness. The result often is delayed interpretation. What is the analyst to do, if he realizes that he has made an interpretation before his patient can utilize it constructively? First, think about it afterward; try to learn from it. Secondly, drop the matter rather than repeat it, futilely, many times—and file it for future reference. Finally, try to improve the situation, not by empty reassurance, but by analytic work. If the analyst is in doubt as to the advisability of tackling a certain problem at a particular time, he is better off if he postpones the matter and thinks it over. If he is still in doubt, consultation with a colleague may help.

Delayed interpretations are those given to the patient some time after he is ready to use them productively. The usual cause of an unwarranted delay in making an interpretation is the analyst's failure to see something in time. The consequence is an unnecessary loss of time. However, not all delays in making interpretations are inadvertent. Some interpretations are deliberately delayed by the analyst. The basis for such a proceeding is the belief that it is more valuable for the patient to find something for himself than for the analyst to point it out to him. This is not invariably the case. It depends on the particular patient. For example, when a predominantly self-effacing person finds something for himself, the result often isn't worth much. Therefore, it is more effective when it comes from the analyst or when he at least echoes the patient's findings. On the other hand, the predominantly expansive person has a need to find out for himself and by himself. With such a patient the analyst often will find it helpful to put his inter-

pretation in the form of a question. With patients in whom inertia is marked, the analyst may have to be particularly active at times. At other times, however, the doctor may find it more important to encourage the patient to do it himself, pointing out that "my interpretation may mislead you." In any case, sooner or later, this issue becomes a problem: Why must a patient do it all himself and not let the analyst in on it, and why must a patient have the analyst do it all for him and feel unable to do it himself?

Sometimes a patient will react to a delayed interpretation with the question, "Why didn't you tell that to me before?" It is a good idea to answer this question factually. For example, the analyst may say that he didn't feel the patient was really ready for it before. But the question itself should be analyzed, particularly if it is repeated often. Such analysis may bring into the open the patient's belief that he should have seen it himself a long time ago, and his self-reproaches for not being as astute as he should be.

Ordinarily we might think that premature interpretations are made by active analysts, and that delayed ones occur with passive therapists. This is only superficially true. Passivity has a long tradition—the tradition of the analyst as passive observer. This tradition has its good points in that the analyst becomes a good observer and learns the art of listening. Nowadays, analysts are more active, and actually there is much more to be observed and listened to as a result of this activity. More important than the issue of the analyst's activity are the issues of his pertinence, and economy of time, and productivity. This can eventually be evaluated only by the question of how much or how little the patient has changed, and in what direction he is moving.

An awareness of the continuity of the analytic process is essential for the analyst, who is interested in the timing of his interpretations. Only if the doctor understands the continuity can he really understand the dynamics, and appreciate the interplay of forces in his patient. The ana-

INTERPRETATIONS

lyst's task is to try not to disturb the continuity, and to attempt actively to establish the continuity even if it is not apparent. A consistent attempt should be made to attack that part of the neurotic character structure which is most likely to open the way to further attacks on the structure, which will produce a minimum of blockages, and which will maintain forward movement and productivity. Analytic failures in this area of continuity lead to scattered interpretations. The analyst may pick up every point the patient makes, or nearly every point, and this is bewildering.

It is easy to overwhelm a patient by talking about his compulsive self-effacement, his prides, his claims, and perhaps his detachment, all in one hour. Although the observations may be accurate they lose their effectiveness by their dispersal and their multiplicity. The patient has a continuity of his own which the therapist tries to become aware of, for he is then able to select for interpretation whatever it is best to tackle at the time.

Productive timing of interpretations means that they must be made in proper order. Since it is the analyst's job to see to it that the work goes forward, he must be alert to interferences with forward movement. To repeat what was said previously, the slogan is "blockages first." Therapists have to be attentive to the patient's secret or open interest in pursuing or not pursuing a problem. We can't shove something down a patient's throat; his interest is crucial. In the beginning, a patient is little motivated by genuine self-interest. His interests and defenses lie in these areas: preventing interference with his neurotic goals, getting rid of disturbances which hurt his prides, maintaining the status quo. Thus, if a patient has an interest in maintaining claims, he won't be interested in tackling them. Blockages are an alarm signal pointing to clashing interests—the patient's and the analyst's. The patient may have too much at stake, and the analyst may be attacking too vigorously. The patient acts in what he believes unconsciously to be his best interest, which is to prevent himself from feeling torn apart. If he believes that

what the doctor wants him to examine is against his best (neurotic) interest, he will block. The analyst will realize that some factors are more accessible than others and will follow what becomes accessible.

REACTIONS TO INTERPRETATIONS

It is important for the analyst to analyze and evaluate his patient's reactions to interpretations. An understanding of these reactions helps the therapist decide how to proceed. In the main, he can proceed along three lines: he may decide to drop the matter altogether, for the time being; he may pursue the problem further; he may decide to drop the problem and tackle those defensive attitudes which block productive work on the problem. This would involve going into what the patient is defending and what he is warding off.

The ideal response to an interpretation would consist of the following. The patient would take the interpretation seriously, think and feel about it, have a conviction it was right, and test it. This would lead to change. Such a response to an interpretation would lead the analyst to take the second alternative mentioned above—that is, he would pursue the problem further.

On the other hand, a negative reaction is one in which the patient is too far off. The interpretation means nothing to him and he doesn't respond. Or a patient may strike back blindly as a response. In such an instance, the analyst might make another attempt or two, but not too many. If the response is persistently negative, it might be better for him to drop the matter and think it over.

In this matter of response to interpretations, most situations are neither entirely good nor entirely negative. Some typical responses are:

Anxiety. As has been mentioned previously, a revealing interpretation—that is, one which uncovers something of which the patient has had to be unaware—will cause an upset. Such an interpretation will lead to a disturbance of the patient's precarious equilibrium, with resultant anxiety. For example, an interpretation pointing to the

existence of exploitive or manipulative tendencies will cause anxiety in a predominantly self-effacing person who is proud of his goodness and unselfishness. Here again, it must be emphasized that the significant question is not, is a reaction of anxiety "good" or "bad"? What counts is—does the interpretation stimulate a forward move?

Hostility and an attack against the analyst. Such a response is most likely to occur in predominantly expansive persons whose philosophy is, so to speak, a good offense is the best defense. What are they defending? All aspects of their neurotic structure, the status quo, comparative freedom from experiencing intense conflict and anxiety. Frequent reasons for hostile reactions to interpretations include the following. An interpretation may hurt the patient's pride and be experienced by him as a humiliation. This, for example, may be the reaction of a patient proud of his absolute independence and self-sufficiency when the analyst points out the existence of a need. An expression of sympathy may lead to a hostile response because the patient may experience it as humiliation and ridicule, even though the analyst is sincere. A patient may become irritable as a reaction to exposure. He may think, "What a fool I was to expose myself." A patient may react with anger to what he experiences as unfair accusation, or condemnation. This is a reaction to his self-contempt externalized onto his therapist. Similarly, a patient may experience an interpretation as wanton cruelty. He feels hurt, and hopeless to change it, and reacts with hostility which he may or may not openly express. Dynamically, this reaction is tied up with the sensitivity of his neurotic pride and the cruelty of his self-hate. Finally, an interpretation may be felt as a frustration and resented. What is involved here is the matter of neurotic claims, which the patient experiences as legitimate expectations. When the analyst analyzes rather than fulfills these claims, the patient feels frustrated and may react with hostility. Among the many claims which may be made on the analyst are demands for love, sex, special attention, extra

time, immediate relief, quick solutions, painless progress, etc.

Pseudo-acceptance. In these situations, the patient reacts neither with hostility nor great anxiety. He listens with apparent seriousness and seems to accept and evaluate the interpretation, but nothing productive follows. Certain reactions of this type are based on unconscious expectations of magic. There is the magic of will-power. The patient feels he ought to change something as soon as he becomes aware of it by sheer determination to do so. There is also the unconscious belief in the magic of knowledge. Such a patient may appear to be enthusiastically interested, but nothing happens. What is going on is an intellectual orgy, and the analyst must drop the problem at hand and analyze this defense. Another form this may assume is the patient's remark, "I know that already." Such knowledge is barren—that is, it leads to no change. Its function is to safeguard pride in intellectual brilliance; the analyst should never know more than the patient. The magic of getting by without effort or pain also leads to pseudo-acceptance. The patient takes in what is said, but with silent reservations and nothing happens. There are, in addition to the above, other factors making for pseudo-acceptance of interpretations. There is the glib acceptance of extremely alienated patients, who can talk with conviction about anything because it doesn't really have any meaning for them, it doesn't touch them. There is dutiful acceptance. Here the reaction to interpretations is based on, "I should accept, and think, and feel, and test." Finally there is the pseudo-acceptance of the self-effacer who is motivated by the need to avoid friction. In such persons there may be an apparently genuine self-scrutiny which has, however, self-destructive elements in it.

Temporarily aroused interest. In such reactions, the patient seems interested and it appears that the interpretation has started something going, but soon, perhaps in the same hour, or the next, the patient's interest peters out. Such reactions occur in people who respond the same way in life, with easily aroused enthusiasms which flag if

INTERPRETATIONS

love or success aren't obtained quickly.

Reactions of relief are always emotional responses. Although the experience of relief after an interpretation is not in itself a proof of the productivity of that interpretation, it often is on a solid ground. In that case, the analyst can push further. Examples of relief which are constructive are: relief from the rage of frustration when the patient sees a claim and the implications thereof, and relief from helplessness and fear of the unknown when the patient faces a conflict. On the other hand, relief

which is on a much less solid basis is the relief from feeling abused, in predominantly self-effacing persons who feel safer when they can accuse themselves and avoid friction. In most relief reactions to interpretations, two factors are involved. First, a concrete problem is substituted for an intangible, mysterious something. Secondly, the interpretation shows a patient a way out, and gives him some hope. Whenever his patient reacts to an interpretation with relief, the analyst must analyze: relief from what?

THE CREATIVE POWER OF RELATEDNESS

ANTONIA WENKART

WE HAVE BEEN practicing psychoanalysis under the premise we share with Dr. Horney¹ that "whatever the conditions are under which a child grows up, he will learn to cope with others in one way or another and he will probably acquire some skills. But there are forces in him which he cannot acquire or even develop by learning. The real self is a central inner force, common to all human beings and yet unique, which is the deep source of growth."

It is generally agreed, however, that a human being is the result of relationships with others. What then is the self and how does it come into being? What are relationships? What do they consist of? And what is their influence on the growth of the individual?

Meaningful relationships consist of relatedness. All relatedness is meeting. Meeting means to come out in the fullness and nakedness of myself, to come forth unto the borderline of myself, up to my own boundaries, and go toward another human being.

By fullness, I mean all that I am and have; by nakedness the unrestricted, uncontrolled and unpremeditated condition. The concept of the coming forth of the self entails both the idea of the self and the assumption that the self has boundaries and can reach the edge in order to meet another person.

To quote the great contemporary scientist Dr. Robert Oppenheimer,² "an indispensable, perhaps the indispensable element in giving meaning to the dignity of man and in making possible the taking of decision

on the basis of honest conviction is the openness of man's mind and the openness of whatever media there are for the communion between man, free of repression and free even of that most pervasive restraint, that of status and hierarchy."

It is therefore with an open mind that I should like to discuss the nature of human relatedness and its potentiality as a great source of strength, specifically for the therapeutic aspects of psychoanalysis. In so doing, I shall help myself to some philosophical and religious tenets, and borrow a few pictures from the world of art.

Plato put the philosopher over all other practitioners in other disciplines, speaking of him as a spectator of all men and all times. We who are concerned with psychology would ask: what kind of person is this spectator? And the theologian inquires: What is the power above the human being?

To state briefly the views of a few psychoanalytic schools of thought: Dr. Horney considers the self to be the *innate* source of growth, a constructive force which is indispensable in self-realization and instrumental in creating good human relationships.

Sullivan sees the self as being a reflection of the appraisal of others, and he regards interpersonal relationships as the source of growth.

Comparing these two concepts, we find that Dr. Horney postulates a potential core of the self within the individual that—given freedom and opportunity by the environment—develops.

Sullivan seems to dispense with the core within a person, ascribing the development

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THE CREATIVE POWER OF RELATEDNESS

of the individual to the effects of relationships.

According to Fenichel,⁸ "the origin of the ego and the origin of the sense of reality are but two aspects of one developmental step. This is inherent in the definition of the ego as that part of the mind which handles reality. The concept of reality also creates the concept of the ego. We are individuals inasmuch as we feel ourselves *separate* and distinct from others."

In the main, all these authors attribute the healing process to the patient-analyst relationship.

A well-integrated individual is thought to be someone whose mind, body and soul constitute an indivisible and well-balanced unit. This is the whole of his personality which came into being through integration of inherited faculties, plus environmental influences, plus the autonomous force of the growing self which strives toward fulfillment.

Holding as we do that the influence of the environment upon the individual is essential, and believing that human relationships exert a distinct impact on the formation as well as the inhibition of the personality structure, it is logical that we should probe deeper into these forces in the hope that they may yield another healing source for the neurotic individual, in addition to the constructive forces we try to elicit from within the sick person.

We must be careful not to inadvertently eliminate constructive forces that are not located within the confines of the self. Indeed, we ought rather to welcome help from any possible source of strength.

It is generally believed that the patient-analyst relationship represents the crucial factor in analytic treatment. Obviously, the place where active changes occur is not only within the patient himself, in the confines of the actual, or fictitious self, but also in the bond between the patient and analyst, outside the confines of the individual, as it were.

In other words, the site of healing is not exclusively within the individual—the self—but also in the relationship between two people—the patient and analyst.

It does not do full justice to the analytic process to regard the theory or the analyst's over-all knowledge as being the effective tool of treatment. What is more important is to understand how and with what it is that the analyst enters into the relationship to help the patient grow within the humanness of a personal contact, so that he may emerge from the egocentric entanglement of his neurotic compulsions.

Research in psychiatry and psychoanalysis has established the fact that emotions influence body and mind, and vice versa. What seem to be different parts are all interconnected aspects of one human individual. The wholeness of body, mind and soul has become clear.

As we delve into the nature of forces that influence the formation of a character structure, we begin to fathom the importance of human relationships in the growth of an individual. In this way we arrive at a fuller understanding of the curative process in psychoanalysis and add another aspect to the wholeness of an individual in the patient-analyst relationship.

Human relationships are indispensable to our self-realization, and in the psychotherapeutic process the patient-analyst relationship is a decisive prerequisite for the patient's improvement. A relationship, it should be noted, is neither I nor You, but something in me and between Me and You.

The *something* is my focus of interest. The *between* is as much part of myself as is my mind into which so many thoughts have entered, or my body which has inhaled so much oxygen from the outside, and exhaled so much carbon dioxide into the surrounding atmosphere.

A recent exhibition by the sculptor Brancusi may serve as an illustration. Among many objects, there were three sculptures—the head of a girl, the torso of a man, and a cock. The head is of white marble, done in dull finish. There is no face sculptured, but only a smooth plane. Brancusi portrays with utter simplicity a head in a harmonious flow connected with a neck. In marble he captures an utterly enchanting movement—the bending of a head which is grace itself. The front and

back of this head are so completely congruous as to create a sense of sealed-in unity.

Brancusi's male torso is finished in polished brass. Wherever you turn, you see a thousand reflections on its surface. You are tempted to touch the figure to ascertain its evenness or indentations or protrusions. Yet they are all shining reflections of the light and objects around.

The sculptor endowed the torso with the special radiance that transcends its real boundaries, permitting other objects to be reflected on its surface. He depicts, perhaps unwittingly, the reflection of the environment upon the torso and the radiance of the torso invading the environment.

In his sculpture of a cock, Brancusi integrated the cock's crow into its body. A saw-like contour represents the warbling of the bird's throat, announcing the coming of daybreak. The sounds emitted by the cock give form to his body. The way the cock expresses himself actually creates him. In other words, the way he is perceived by others, the way he relates to the outside world is part of himself and is the extension of himself.

By the same token, the bond between Me and You is a part of Me as well as a part of You. The whole of a person includes his relationships. We can no longer speak of the whole as being confined to one body and soul. We must extend the limits of a person or his boundaries to include the meeting with another person.

To put it another way, that which goes on between two people cannot be considered extraneous to either of them.

Thus relatedness is part of the whole. Relatedness is creative activity of a living organism for the sake of self-realization. Self-realization is never restricted to itself. A living human organism is related to the people around him, to the world he lives in and, ultimately, to the universe.

Various segments of human life have been delegated to the province of anthropology, philosophy and religion. Yet they all point to the oneness of life. Science has discovered that matter consists of energy, that matter cannot be broken down into

molecules or atoms in order to get to the essential unit. The reason is that the specificity of matter is determined by the interaction of forces and energies.

Likewise, in emotional life we cannot reduce the entity of an individual to static molecular constituents, to the least common denominator, so to speak. Instead, we have to regard him in terms of the dynamic interplay of various forces.

It is the interaction between people, the relatedness of man to man, and men to the world that comprises the identity of the self and at the same time contributes to the universal relatedness of life.

How does this concept affect psychoanalysis? It means that an individual cannot be considered an enclosed unit with instincts or compulsions raging inside. Psychoanalysis cannot be regarded as a mysterious discipline dissecting, ordering and redirecting destructive forces. Psychotherapy can no longer be confined to an enclosure in which an immature individual is allowed to show his morbidity.

The psychoanalytic tools are no longer more theories occupying the mind of an attentive listener. Psychoanalysis is based on a relationship. Essentially, successful therapy is not the resolving of defenses and the like but the creation of a new relationship with new abilities to relate creatively to one another.

A meaningful relationship, as has been noted, is based on a meeting. The quintessence of a relationship is the meeting, *die Begegnung*, the encounter. The relationship is the extension of the self and the world of I. I can extend my confines and move to meet the other. What is more, I can extend my selfness and enter into the otherness.

At no point does the meeting entail discarding, eliminating or abandoning myself. Nor does the meeting cause merging, submerging, dissolving in otherness, or subjugating, overwhelming or conquering the other. The meeting, the encounter is of another order. The wholeness and intactness of Me remains unharmed, with the integrity preserved.

After the meeting has taken place, the Me can be retracted and be on its own.

THE CREATIVE POWER OF RELATEDNESS

Every meeting adds to the richness of being. In the meeting sameness and belonging is established. After the meeting, apartness, uniqueness and singularity prevail.

Where, When and How does the Meeting occur?

Any meaningful relationship requires that a meeting takes place. Topographically, two people meet on common ground. Figuratively speaking, the common ground is the sameness of the two individuals.

By sameness, I mean that both are basically human, that both belong to the family of man. The diversity of interests, the vast differences of circumstances, the untold multitude and variety of characteristics—all these do not detract from the fact that we are all human creatures. Headhunters and white-gloved diplomats, fur-wrapped Eskimos and naked fire-swallowing dervishes all are human.

In religious terms, they are brethren; in anthropological terms, descendants of a common ancestor, the ape; in psychological terms, potentially capable of all the thoughts, feelings and actions ever conceived or perceived by a human being under certain circumstances.

Acceptance of the wide range of possibilities tends to decrease fear of the pathological condition, to keep the analytical mind open, so that it may properly explore the patient, and the patient's mind open to disclose or reveal himself when he is afraid of being caught at an irrationality.

The basic sameness, the human quality with which we are endowed, composed of greatness and frailty, affords us a special scope. It helps us to accept the fellow sufferer without fear, without a sense that what we hear from him is odd, that it must never happen to Me.

The need to believe that I personally have nothing to do with the strange specimen who comes to see me for fifty minutes inadvertently brings about the attitude that this is a strange visitation of which I have to rid myself.

What we must always bear in mind is that we meet with our sameness. It is only "Not As a Stranger" that I can really help. The points of contact are far more effective

in rendering assistance than any magnanimous endowment from a so-called superior being.

In sameness lies the affirmation of the inherent human quality of an individual. Rootedness, belonging, and a feeling of equality are some of the factors which contribute to the feeling of being one of the family of man.

In the meeting, I place myself vis-a-vis the other. I present myself to the other. In order to know what the other is, I have to see the other from inside his world. In the otherness, the distinction of my own boundaries is created. Indeed, my very identity is hewn out of otherness.

The recognition, formulation and appreciation of the difference from another individual are tentative steps towards the meeting. The meeting on the ground of sameness is a vital part of relatedness.

There is a creative part to the comprehension of otherness, as it sets off and crystallizes the sense of sameness. In the patient-analyst relationship, one cannot help but feel that the two individuals assume a certain role mainly in keeping with the need of the patient to be helped and influenced by the wish of the analyst to help.

Being stronger, wiser and firmer than the patient, the analyst is able to help the weaker one. From the position of greater strength, the analyst works his way through the underbrush of neurotic involvement, stimulating the patient's aliveness. But with the recognition of sameness the analyst can save himself from the danger of feeling superior, at the same time prevent the patient from falling in his self-esteem to the level of an unworthy creature.

The next question that arises is: When does the meeting occur?

A meeting can occur only in the immediate present. Immediacy has the effect of putting all the past into the background, and allowing each new moment to emerge.

Nothing is more difficult than to live in the moment of Now. While the weight of past experiences pulls one back, the anticipation of the future propels one forward, thereby inexorably dislocating one out of the present.

Immediacy is not a matter of attention. It has nothing to do with determined or even spontaneous concentration on the patient's problems.

Immediacy is a state of being present, of being completely available. It presupposes full acceptance of Myself as I am. It means I am in tune with time, open and ready to enter into a relationship, to meet another person but not to react or explain to another person.

The will to understand, the desire to understand may actually have the effect of blocking the meeting. The trouble with human communication is that thought strains to meet thought, but the emotional matrix of thought does not come into play.

Meeting in immediacy requires that one be in step with another person, not ahead or behind him. The real meeting precludes reasoning and evaluation, but it includes full comprehension.

We grasp and comprehend with our intuition, our senses and our fears. Intuitive perception facilitates the meeting. Our senses are wonderful devices and conveyances. Yet when they gain their own momentum they tend to become disconnected from their source of stimulation. Then the danger is that observations made with the aid of sensory perception could well assume the quality of conviction. Consequently, the analyst might be carried away, so that the satisfaction of a correct observation becomes a goal in itself and prevents the meeting.

We all know that the sickest individuals, beset by the greatest fears, are apt to have the keenest perception. There is no question that these patients may perceive realities in a wider scope than do so-called normal people, but their disturbed thinking causes them to draw wrong conclusions. Uncanny observations, frequently startling predictions are clear evidence of this phenomenon. This type of patient may know what's on your mind long before you do. He feels what's in the air even before the most sensitive barometer registers any change. It is possible and necessary for the analyst to meet the patient in fear.

Buber expresses in the preface to Trub's "Healing Through Meeting"⁴ the opinion

that "the abyss in the patient calls to the abyss in the doctor, to his real self which is acquainted with inner struggle and is hidden under the structure erected by theory and practice, and not to his well functioning self-assurance."

Whitaker and Malone⁵ state in "Roots of Psychotherapy" that "The therapeutic process is intrapsychic in both the therapist and the patient, and only becomes possible through the interrelation between the two. Therapy is possible only when such a relationship exists, but it specifically involves the unconscious dynamics of each of the participants. The really essential aspect of the relationship is simply the accessibility of the unconscious dynamics of both participants each to the other."

To recapitulate: all relatedness is meeting, which happens on common ground in immediacy. There is another essential component in relatedness. This is compassion, the compassion of which a human being is capable. The analyst's compassion stems from his total response to the patient's inner life and outer existence.

Compassion is the meeting of hearts in pain, distress and fear. Alienation—that terrible break occurring in mental illness—fills the neurotic and psychotic with despair, mainly because of the poor prospects for meeting. An individual who is alienated from himself feels isolated and helpless.

The state of aloneness is excruciating. The malignant spread of drives for omnipotence seems as though it cannot be stopped. There appears to be no end to the patient's diffusion. It seems as though there is nothing and nobody to help the patient solidify the border of himself. The individual who is in the throes of bottomless self-hate also feels alone and isolated.

The knowledge of constructive forces is not sufficient in itself nor is the intellectual awareness of the patient's alienation. This only comprises observation and understanding, and is not enough to help the patient. Again, to point out irrationality may have the effect of increasing the value of rationality, which is not our goal. The most irrational deeds or thoughts might be the patient's way of making restitution.

THE CREATIVE POWER OF RELATEDNESS

The existentialist, Dr. Weizsaecker, distinguished between the objective understanding of something and the transjective understanding of someone. Where compassion prevails, the analyst and patient can meet on this transjective level. No objective evaluation of the patient's trend, no subjective feeling of annoyance or disgust interpose in the meeting.

Yet compassion may also intervene in the meeting. There is a type of compassion that is weakening because its main ingredient is pity for the sufferer. It sets him apart and sends him into the vale of tears, leaving the bearer of the pity free of the oppressive pain.

But the type of compassion we are concerned with is great and strong and full of patience. This compassion stands by and suffers through and spreads determination. One kind of compassion is for the poor wretch observed from the outside, and is a reaction to his misery. The other, positive type is going through the pain with a fellow human, and not fearing one's own vulnerability. This compassion is full of courage. This compassion is a creative act.

All the brilliancy of the mind, all the ingenuity of a theory, and all the accumulated knowledge of the past cannot achieve much good without compassion.

An analyst may receive a patient, sit back and be prepared to meet him with the most honest intentions of understanding the patient's neurotic structure, working through his defenses and setting up the best possible spirit. Yet the analyst may be imprisoned by his knowledge and the fact that he is cast in his particular role. He may be listening with his ideas interposing, hence preventing the all-important meeting.

Another ingredient in relatedness is the human situation common to all men. The human situation is determined by the fact that while man is free and therefore responsible for his destiny, he is also ruled by outside forces and powers beyond his control. Man is an indivisible whole. Yet he is at the same time a segment of a great circle which is the universe.

Piaget pointed out that children have a primitive awareness of the relationship be-

tween the outside world and inside feelings. A child feels secure in the limitless state where he is everything and everything is he. In adulthood, we experience the human situation as being in the world, as relatedness to the world.

Scientifically, from the standpoint of ecology, we know about the relationship among all biological systems. However, in comparison with all the other creatures, we human beings feel most helpless and defenseless. Thrust into a place and situation not of our own choosing, we suffer from existential anguish in the vastness of the universe.

In addition, we are subjected to limit situations when we face the insurmountable. The limit situations are also fraught with existential anguish, regardless of whether it is the dread of nothingness from without or within, physical or emotional death or alienation.

Alienated people are constantly confronted with limit situations. Their whole relationship to the world is shaken. Boredom and general meaninglessness are symptoms of their unrelatedness to the world.

In the course of recovering, the patient finds new interest in the world about him. With the awakening of his aliveness, he finds meaning in his existence. The question is, how can we speed up this process of recovery?

In the meeting with the analyst, the patient can be the recipient of the sympathy and understanding the world has denied him. But the guilt about the wasted life and inability to change can bring about a limit situation of despair which is insurmountable. We are all acquainted with the irrationality and egocentricity of neurotic claims. But what about the inertia that prevents the individual from taking active steps on his own behalf? And what about the righteous indignation of unfulfilled claims? Or even the need for revenge?

These patients convey to us that they are bogged down by endless trials and failures, and it is obvious that the help cannot come from within. The patient cannot take real responsibility for himself at this point. It is the analyst who can help the patient

come out of his self-imprisonment into a relatedness with the world. The analyst can put before the patient the claim the world has on him. In this connection Buber says, "Guilt does not reside in the individual, but the individual stands in the guilt which encloses him."⁶

The guilt-ridden patient can develop relatedness to the world when he feels responsible to the world. Once the meeting between the patient and the analyst has taken place, the meeting between both of them and the world can be established.

Kunkel⁷ pointed out that in neurosis there is a break in the We, in the relatedness between I and You. When I and You have met, the We-ship, the being in the world together with others, becomes possible.

Meeting is an existential concept. It means that something inherent is put into existence. Through the meeting, an extension of awareness takes place. This gives rise to new feelings that cannot be found in struggling with conflicts. In psychoanalytic treatment, the meeting with another person is the key to recovery.

The meeting with the world is an additional aspect of being in existence. An even further widening of the scope becomes possible. The fact that we are part of the world and the world is part of the universe opens another door to far-reaching realms.

For a long time I have pondered the connection between philosophy, religion, and the significance of human efforts expended in building churches and synagogues and time spent in prayers and contemplation of universality and eternity. I find it impossible to believe that centuries and milleniums of serious human effort have been wasted on worthless matters, that hundreds and thousands of sages have meandered on pathways not relevant to life and human beings.

Thus I have come to believe that there is great pertinence in these endeavors to our attempts to comprehend human nature.

According to Bergson,⁸ ". . . religion is something indescribably simple. It is not knowledge; nor content of feelings; neither duty nor renunciation. It is not a limit,

but a direction of the heart in the perfect expansion of the universe." John Macmurray⁹ says that "religion is a human activity, something that men do because they are men, something that expresses the demands of our nature to achieve the capacity to live in terms of the real world outside us. It is the craving of our reason to recognize and unite with the reason in the world outside us, the urge to enter into full mutual relationship with other persons. It is the expression of our need to live in the mutuality of communion."

In India, religion means oneness with everything that has life. Erich Fromm,¹⁰ in "The Sane Society," says, "All religions deal with existential problems, with the necessity to find ever new solutions to the contradiction in existence and to find higher forms of unity."

According to Heidegger, the fear of nothingness and alienation reveals the favor of being. Under the veil of nothingness man becomes a partaker of being. Immediacy—the present—is eternal. The essence of mystical experience is the emphasis on experience rather than thought. The experience of union with God is being in harmony not with sources above men, but partaking of the sources within the universe of which each man is a part.

Thus an individual can be effective when he is linked to the creative purpose of the God idea. The existentialist Marcel,¹¹ says, "There is a close relationship between the understanding of my human situation, my affirmation of a supranatural order, universal power of God and the birth of my personality."

Jung's collective unconscious presents the individual as participating in the universal anxiety as well as in the universal vitality.

In Japanese, breathing is synonymous with living. It indicates the exchange and the connectedness of one's heart and blood with the great circulation in the universe.

I wish to make it clear that I do not advocate religion or any kind of faith at the expense of psychoanalysis. But I do believe that relatedness to the world, to the supra-personal elements which religionists call God, is but another aspect of the fact that

THE CREATIVE POWER OF RELATEDNESS

we human beings are rooted in life and being, in existence. I suggest, therefore, that it is in this relatedness to the universe that a great source of personal growth and healing strength may be found.

BIBLIOGRAPHY

1. Horney, Karen: *Neurosis and Human Growth*, W. W. Norton & Co., New York, 1950, 17.
2. Oppenheimer, Robert: *The Open Mind*, Simon & Schuster, New York, 1955, 51.
3. Fenichel, Otto: *The Psychoanalytic Theory of Neurosis*, W. W. Norton & Co., New York, 1945, 35.
4. Trub, Hans: *Heilung aus der Begegnung*, Ernst Klett Verlag, Stuttgart, 1951, 10.
5. Whitaker and Malone: *The Roots of Psychotherapy*, The Blakeston Company, 1953, 89.
6. cf. 4 above, 11. (Preface, Martin Buber).
7. Kunkel, Fritz: *Grundzüge der Praktischen Seelenheilkunde*, Hippokrates Verlag, Stuttgart Leipzig, 1935, 37.
8. Bergson, Henri: *Oeuvres Complètes*, Editions Albert Skira, Geneva, 1945-46, Vol. 4.
9. Macmurray, John: *Reason and Emotion*, Faber and Faber Ltd., London, 1935, 62.
10. Fromm, Erich: *The Sane Society*, Rinehart & Company, New York, 1955, 29.
11. Marcel, Gabriel: *Journal Metaphysique*, Gallimard, Paris, 1927, 41 ff.

BASIC DREAM INTERPRETATION AND ITS PLACE IN PSYCHOLOGIC PROCEDURE

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THIS PAPER rests upon a proposition the evidence for which has been developed elsewhere,¹ but which can be stated as follows:

1) The so-called conscious and unconscious are dynamic fields of experiencing in two entirely different, complementary phases of reality, in each of which one may be relatively aware or unaware. Fact and symbol are the co-equal elements of these two reality phases which, themselves, are philosophically recognizable as Actuality and Meaning, respectively. Dreaming, then, is genuine subjective-objective experience of the true event world in its symbolic field, a field quite in parity with the factual field most consciously experienced.

After a brief elaboration of the foregoing, this paper will be devoted to development of the further propositions that:

2) A direct basic utilization of this difference in nature of the conscious and unconscious reality fields and their respective kinds of authenticity can be made in a dream-interpretative technique, correctly understood and operated as a two-way process.

3) Such interpretation is fundamental to all psychologic procedure as the developmental psychic assimilation and correlation of the foregoing two reality experiencing, themselves. As such, it is the basic facilitation of the individuality's own growth process.

I

There is nothing about the dream's own

experienced nature which requires us to assume that all of its experience stuff is in the dreamer any more than is all of the more factual experience stuff of his waking life. Moreover, the dream itself is positive to the contrary, with things, persons and events in it quite distinguishable from the dreamer and his own acts. We lose these distinctions only along with our whole sense of the primary reality of the dream when and as we ourselves have removed into the conscious field by waking. In short, all this happens in consequence of our own change of field.

In the second place, what is there to require assuming that all of the dream experience is just psychic, i.e., "mental," any more than is the waking? Our true psychic nature, the dynamic functioning of awareness in relation to the stuff of experience, is another matter. One can think and feel on the one hand, and quite separately act on the other, within the dream as well as without, if in a different way and to different ends.

One thing, and one only, does stand out more solidly than ever. Since dream experience is not necessarily just subjective or objective, psychic or non-psychic, its sole remaining, identifying character is that it is symbolic. The only thing it is not, is factual.

Evidently our universe makes its impact on us—and we respond—in two ways. In one way it comes in units which are symbols, in which meaningfulness somehow inheres. In the other it comes in facts, most

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BASIC DREAM INTERPRETATIONS

notable for their actuality. The symbol and the fact are not necessarily or automatically the same in any given situation, as we well know. What is not so well known is the final nature of those two experience elements.

The true symbol is no mere sign, nor is it anything else that we may seem to find it in the dominantly conscious field. Rather, its intrinsic nature emerges as we, ourselves, directly and advancingly study it in its own field. There we find a certain elemental character ever more deeply appearing, while the usual criteria applied to the dream cease to be decisive. Neither subjectivity nor objectivity, inwardness nor outwardness, materiality nor immateriality are exclusive. None becomes more nearly so with advance in depth in that symbolic field. Only one thing does. The symbol is more and more purely and literally meaning-full. That progression, that awareness, is unequivocal. At long last, we find *meaning itself is the irreducible, definitive, reality constituent of the symbol, as actuality has been that of the fact.* In the most final philosophic sense, Meaning and Actuality are the two reality phases of our existence;² dreaming is living one's access to the former rather than the latter. Without both there is no more whole Reality than there is whole life.

Psychologically, not only can this duality of Meaning and Actuality now be formulated in terms of symbolic and factual fields, but the characteristics of their experience elements can be determined. The symbol is holistic, unifying, trans-dimensional, where the fact is differentiating, partitive, dimensional.

The symbol is holistic in that it operates and makes its effect as a whole. It is unifying in that it draws together and merges (condenses is the usual description) the otherwise impossibly separate or disparate. Finally, it is trans-dimensional in that, once we recognize its genuinely objective existence, we find in its own dynamic nature, and not just in some presumed ethereality of our own mentalizing, the explanation of its overleaping time and space and every mensural demarcation unto infinity.

No number of dimensions can serve psychology of the unconscious.

The fact is differentiating, partitive, dimensional, for the opposite reasons which probably now need no elaboration. The closer we get to an exact fact, the more surely one or more of these aspects appears its immediate earmark. In turn, the fact gives our experiencing that definite existence-location in space and time and, so, that actual nothing-elseness which is equally necessary with its meaningfulness.

Dreaming, then, as our experience of the true event world in its symbolic field, is a portion of total living, complementary to the primarily factual. It is a genuine reality operation. It is independent of the question whence came (genetically or otherwise) the symbols we there deal with in that operation precisely to the same extent that our conscious operation is in regard to the facts.

When, therefore, a prevalent view insists that the objectively encountered "other fellow" of the dream is "wholly illusory, wholly fantastic, a projection,"³ one may point out that that *seems* true only when the dream is examined solely according to factual criteria; and, even so, that there is no warrant for saying that it is true except where the dream is wakingly enacted, without adequate interpretative conversion.

Failure to recognize this two-fold qualification is a mistake with serious consequence to the understanding of the dream and dream life, and thus of its part in all life. Perhaps the most striking illustration is Freud's explicit equation of dreaming with psychosis,⁴ since it is precisely the above qualifications which distinguish the two.

Finally, the true dreaming takes place in what is known as the manifest dream. That is the one really basic symbolic experiencing. No inferred latent content is there as real; indeed, it can scarcely be said to exist except as the inferrer's own more factual concept, however professional, unless and until associatively arrived at by the dreamer. Even then it is not the original, symbolically purer experience but a further, symbol-fact achievement.

In view of all this, it is no longer sufficient to understand dreaming as originating merely from within the psyche, individual or racial, either as just an evasive tactic for the purpose of hiding or relieving an instinctive urge or, on the other hand, as the voice of a supposedly wiser, more universal or religious self. (Actuality still has its equal rights.) What it is is living and, potentially, learning in this altogether other dynamic and substantive medium. Advancing correlation, in a true living fusion, with the conscious medium is the completion.

II

While a well-developed interpretation of the dream requires intensive association of both free and controlled orders, assimilating all levels of the motivational pattern at play (particularly in dealing with the more complex, if not necessarily more fundamental, types of dream experience) one most basic concern has stood out for the dreamer's nature from the very beginning. It is the question implicit in his having the dream experience at all. Its posing does something to invoke the individuality's final capacity for growth, and its dynamism, which never can be entirely bound in immediate responses or motivations. This is what affords the foundation for direct, interpretative utilization of the difference in nature of the conscious and unconscious sides and their respective authenticities.

Confronting the patient's dream I used to find myself wondering, "What's up, here?" Having in mind that there is always at least something consistent with the potential of the organism's self-context in its way of encountering experience I went on, "What's he driving at in this way?" In the same broad reference this became, "What's right about it?" but also, with a good guess that the dream experience reflected somewhat less than perfect wholeness and integration (otherwise the patient would not be in my office—or in this life at all), I added, "What's wrong?"

Perhaps, needless to say, these queries were less for focusing any judgment of my

own than for means of getting further along with the dreamer in his own relating to the experience. Since they seemed to provide a good beginning at enlisting his own most fundamental concern I then asked him to try them for himself.

I might, of course, have asked something else, such as, "What's good?" or "What's true?" etc. and their respective opposites. However, it seemed to me that, for inclusiveness of connotations (morality, verity, aptness, desirability, practicability and even possibility), "right" and "wrong" in any or all of these senses would evoke referability to his self-context most wholly and deeply.

Shortly, this right-wrong approach proved to have been quite deceptive in its seeming simplicity. It was no mere conventional balance. Nor did it serve just to open up associative paths for investigation and ultimate correlation. Often it directly tapped unexpected depth, eliciting insightful responses, intellectually and emotionally, of the most final order. Continued application disclosed the reason, as we now see. It always worked according to the definite principle whose "rightness" and "wrongness" derive, not from any determinable norm, but from the very final difference in reality natures of the dreamer's own conscious and unconscious sides, hence their respective kinds of authenticity.

The "what's wrong" about the dream became evident by directly referring it to the criteria of factualness, with which the patient's own consciousness was at least better acquainted. This showed that something of his relation to life—as far as affected by the *inferior* aspect of his unconscious side—was *less than actualistic*. That, eventually, was the best way we could define it. In some way its perceptions were actually untrue, its aims and actions actually impossible, impractical, or undesirable, etc. It just didn't jibe with the facts, inner or outer, as the case might be. *It was wrong in that final sense.* Thus, by that negative contribution, the dreamer could begin to see how his conscious knowledge and will power had been handicapped by an unconscious factual lag respecting his own nature or his environment.

BASIC DREAM INTERPRETATIONS

On the other hand, by virtue of the *superior* aspect of the unconscious side, there was always something right about the dream. That is to say, it was true and valuable in a way which conscious criteria do not test and factual experience does not supply. Despite its actually low-grade reality, with its effects of primitivity or infantility, its symbolic nature did three things. It more authentically revealed operative symbols affecting the dreamer's makeup and relationships. It illuminated aspects of the dreamer's situation and problems by casting a new kind of light on the existing facts and their heretofore supposed rating or arrangement in importance. Finally, the dreamer's own participation in the dream events was doing something about those symbols, thus directly making or accepting some change, subjective or objective, in the meaning of things. Indeed, the best way of describing the positive contribution of the dream experience, whether in illumination or action, was that it produced *something more purely and relevantly meaningful* than the dreamer's conscious experiencing afforded. Whether greatly or little, whether instinctively pleasurable or the opposite, *it was right in that equally final sense.*

Now for a few examples. The right-wrong approach is most simply illustrated in what one directly does, says or thinks in the dream. To that end I first select a dream which otherwise might not seem of particular interest.

In the dream the patient was proceeding to divorce his wife for incompatibility. Actually, he had no such desire though, in sheer desperation, he had considered the step. Despite great difficulties in the relation, he loved his wife and was genuinely bent on seeing things through with her. The dream behavior was quite wrong in that regard, according to his still best conscious belief. That being so, it was at least helpful squarely to confront at its unconscious source the serious handicap to his most actual purpose. Still, there was no guarantee that it would not persist, with much of the same destructive effect in fact, unless its intent was better utilized.

Then it was pointed out to him that, while the dream had the indicated wrong aspect, it could rightly constitute his taking a direct, decisive step on the unconscious side to end the frustrating power of an inadequate meaning-form of woman as sexual and social partner. This was a *present, effective move, taking place quite apart from the "causes" in his past—or anywhere—which may have established this inadequate symbol in his unconscious arena.* In short, the dream was real, objective action against the symbol in its own field.

The patient soberly agreed that this was something else again, and a very important something. He had known that a critical stalemate in his marriage had to be broken but there was no way he could go about it in fact which would be better than a kind of amputation. It now made startlingly real sense to him that there was such a thing as beginning on the side where things appear in their most directly meaningful form. He found himself quite wholeheartedly dismissing the contemplations of actual divorce which had only hampered his will to do anything. Instead, he was now prepared to devote the necessary time and means, not merely to uncovering his handicapping past, but to discovering—really experientially growing—some further, positive symbolic answers, namely, the truest meanings for him of marriage, woman and this particular woman. Whether those should actually require a divorce or achieve their destined outcome with other factual changes, there could at least be a more whole solution.

But there are worse things than to divorce a wife. How about dream murder or suicide? What could be right about such extreme cases of extirpation from the symbolic life arena?

In these cases the "what's wrong" reference to some state of murderous hatred of another, or oneself, is clear. Nevertheless, the possibility of unaware, actual consequences is not the only reason for taking the matter seriously. Even if actual harm (not necessarily a killing or bodily injury) is forestalled, there is another aspect. Nor is it just the indication of quantitative energy, at large, whose aggressiveness should

be "sublimated" off into socially acceptable activity. We hear a great deal about that. What we are not so given to understand is that something quite different, valuable and of a positive basic order, is already being effected in this very dream.

Now and then, in an individual's life course, developmental channels of his nature have become so blocked that passage-way to where things can even mean anything more, or different, has to be quite radically opened. Genetically viewed, the "cause" of this block may have been some binding, instinctive tie, secondarily resulting in some inner-outer motivational fixation. But that is not what now constitutes the block. He may be quite able factually to perceive and act in the necessary further, more mature way. Rather, something else of equal and interfering reality has more potently and specially emerged from the original confused symbol-fact instinctive experiencing—a now authentic symbol.

This symbol is obstructive because, in the present, most final, reality terms, it comprises a set of meanings quite unfitting and inadequate for the dreamer's potential individuality. That is what does now exist with such constricting effect in his unconscious arena. In a loose sense it reflects "causes" from an elsewhere and elsewhere of childhood. But the dreamer is not now that child. In a loose sense it seems to be "in" the dreamer's individuality. But scrutiny of the dream life may show it to be either a self-meaning or a someone-else-meaning. In any case, his present mostest nature begins effectively to sense that this symbol form—whether meaningfully subjective or objective—has had a compulsive, handicapping effect upon him which is no longer tolerable.

Let us first consider the latter case. Often that now starkly obstructive symbol appears in the dream in the form of an actually well-loved and respected parent. The more compulsive that image, the more radical the necessary break. In the case of murder what has also to give way is a purely uncritical tenderness of biological life, as such, in order to put an end to the controlling power of the particular imprisoning image.

These were the reasons which made a woman patient's murder of her mother profoundly right, symbolically, instead of merely revealing an unactualistic exaggeration of the minor resentments of which she was already quite conscious. In this case, fortunately, the murder took place in a dream although in some other case, it could have happened—usually more or less "accidentally"—in waking life.

Without giving equal primacy to symbol with fact, such a dream is psychoanalytically taken to "signify" that the patient unconsciously hates her actual mother; and the Oedipal explanation is invoked, in turn, to get at the supposed genetic factors now to be dealt with. Another view, more in line with Jung's subjective approach, would have it that the young woman hates some aspect of herself or has not recognized her own "shadow" side and therefore had best get about reckoning with it. Whereas, as we now see, neither of these conclusions is adequate when examined from the standpoint of basic symbol and fact. Hate, in short, cannot be a psychologically basic working term.⁵

In any case, no instinctual residue of an elsewhere and elsewhere is as potently and totally moving at the living center of here and now as is the continuing, realizing urge of the individuality. No ancient frustration of the former is as deeply inciting as is a present serious obstruction of the latter. This tells us, for example, that what has confronted the dreamer for resolution is not nearly so much any sort of memory-effect of the actual mother (as erstwhile frustration of the little girl's want, either of a penis or of a father), as it is the altogether real, present and intolerable compulsion upon her of the mother as uncriticized, unimpeached, dominant symbol.

What sort of symbol? What compulsion? The associative processes disclosed that. In the symbolic container form of this elder woman, uniquely primary and influential in the dreamer's unconscious arena, there had become concentrated a pattern of the only legitimate, even possible, seeming meanings of woman as a social entity, thus dominating the attitude to sex on one hand

BASIC DREAM INTERPRETATIONS

and society on the other. Sooner or later that container could not so greatly hold, that pattern could not so rigidly fit, the meanings of the daughter's own destined symbolic design in these regards. Constriction of the psychic energy of realization by such a straitjacket had to be removed.

On the other hand, of course, the liberation of what one may more truly mean to oneself could not be accomplished by conscious factual distinctions from the actual mother. Actually, those began at a fairly early age and continued. But the more vital and impressive the mother, the more intense the original, mixed symbol-fact, instinctive tie to her, the longer the more purely emerging, but undealt with, symbol is compelling upon the daughter. Hence the more drastic and the more truly symbolic the daughter's ultimate step to end the constrictive dominance. The action was primarily unconscious, though not unaware, because it had to take place in the symbolic field, not because it happened to represent something repressed.

Psychologically, completion of the dreamer's awareness of its true nature and purpose, by contrast with the now needless confusion with fact, is the fundamental interpretation of the dream. All else that the patient's further associative processes, free and controlled, may bring forth in any direction (merely including the temporally past-ward among others) is in the nature of *particularizing and consolidating aid to its living implementation*. Not that any of these steps can be skipped or scanted. Indeed, why should they be, if employed for the right reason?

The "blasting" in the suicide case—the truly subjective case—is even more sweeping. It seems to be the extinction of one's own entire individuality. In this final respect it makes no difference whether the dream death looms at the hands of oneself, another person, or a force of nature. (The further interpretative effect to be given these differences is another matter.) That this death can be followed by rebirth may not even occur to the dreamer.

What, then, is really happening? Just this. Save for his final developmental urge,

itself almost unknown to him, the individual has pretty much identified himself with what might have been described as this structural arrangement of instinctive tendencies and inner-outer motivations, but what, more finally, has become his total meaning pattern thus far. In a great enough crisis nothing less than that almost conclusive self-meaning—this time truly subjective—has to give way because, as it stands, it is completely obstructive. Naturally that seems like his own death. Symbolically it is. Yet that break-through is the real achievement of the dream. It is a total redemption of the right to grow.

The redemptive break may be virtually wasted in the absence of effective conversion into what it can most truly, actually amount to. It may thus be wasted even though actual harm is at least temporarily averted either by someone or something frustrating immediate enactment of the symbolic suicidal impulse, where it has occurred in the relatively waking state, or by time lapse and other intervening factors, where it has taken place during sleep. Nevertheless the waste of the redemptive break is no impeachment of its own validity. The reciprocal assimilative conversion of important factual steps or impacts in one's life can similarly be neglected.

All told, there is no doubt of the only thorough-going answer for the already symbolic and potentially actual suicide or murderer. It depends on his becoming aware of this vital *right* in his own relation to the experience and its nature. This, and only this, puts him in a position to achieve an intent which envisages further, and actually better, ways and means. No inner-outer moral or hygienic view of the apparent life-destructive urge as such, still less the Freudian account of it as a presumably irreducible instinct, reaches this necessary stage. All those approaches attempt to deal with it as a psychic *entity* when in truth it is a high-tension *symbol-fact confusion*, with disastrous explosive probabilities only if its components are not taken apart and creatively assimilated.

Lacking just this understanding and assimilation of the matter, a woman patient

had, before coming to me, actually attempted suicide and very nearly succeeded. Prolonged psychiatric treatment, aimed at the suicidal urge as an entity, had proved unsuccessful. No unearthing and release of the past, no consciously attained motivation for participating in a change of direction or "sublimation" ever had achieved any genuine effect. The posited and all too readily accepted whole reality of the destructive instinct, plus great and irreversible causes for unhappiness in the patient's life, made an impregnable combination.

Not until the patient was introduced to the real, right, *but separate, distinct and symbolic*, nature of her suicidal aim as priceless for her living continuum was there any change. For a considerable while it was difficult for her to have faith in that without leaping to the erstwhile belief in its directly actual inevitability. Going home from my office she still used to find herself murmuring, "I want to die," although more and more sensing it as speaking out of her unconscious. Finally, however, when this happened one day as she walked along the street, she found herself responding, clearly and firmly, "Oh, shut up."

Of course, the usual dream is not likely to be anything so heroic as one directly invoking issues of life and death, or even of divorce. It may be mildly pleasant, or feelingly neutral, or something which seems petty, cowardly, indecent or the like. It may also be something we only suffer or observe instead of what we do, say or think. It may seem utterly nonsensical, as well. None of these attributes prevents it from being experience of an individually advancing nature.

Let us take one such example which, though still relatively simple, gives us a chance to compare it with specific interpretations that have been made on other, earlier premises:

The dreamer is walking down the street. He discovers that he is stark naked. There is the usual number of passersby. They do not particularly notice him. Nevertheless, he is acutely embarrassed and wants to flee but finds himself hopelessly rooted to the spot.

We could, as Freud has done, explain all this as a fantasy mural on the wall of the dreamer's psyche, painted by itself, actually indicating a latent content of repressed infantile-sexual exhibitionism.⁶

According to a later view, which still takes the dream for a kind of talking to oneself but treats its own symbolic speech much more respectfully, this dream might—depending on the given case—represent either the foregoing irrationally exhibitionistic desire or one of the maturest motivations. In the latter case, says Erich Fromm, nakedness could stand for "being oneself without pretense," where being clothed would be "the expression of thoughts and feelings which others expect us to have while they are not actually ours." In turn, "the dream may reflect the fear he has of the disapproval of others if he dares to be himself."⁷

Under investigation in the present case, however, this dream experience disclosed both "what's wrong" and "what's right" aspects, and more fundamentally than Freud and Fromm have put them.

Since, actually, the dreamer does not go out stark naked and is not afflicted with anything which would disable him from dashing for cover, this discrepancy does show the lag effect in his actual development, whereby he needlessly tends to see himself more exposed in the social scene and less able to do anything about it than his best consciousness knows to be the fact.

The condition is pseudo-infantile in its tendencies and helplessness, to be sure. However, this patient is not now an infant but essentially a grown man in touch with further and deeper reality criteria. To those the "what's wrong" consists not just in the parallel to infancy, but in its being unactualistic, poor-grade fact. To discover that so decisively and pertinently is a much more operative release for the dreamer's own actual growth tendency than any one-directional (e.g., genetic) uncovering of its "origin" in an elsewhere and elsewhere and in their more superficial terms.

No awareness resists the factually truer, if what is meaningfully enlarging looms up at the same time. That brings us, however,

BASIC DREAM INTERPRETATIONS

to the question, "What, then, was right about the dream?"

Symbolically it was so; the experience happened. There is no more quarreling with the symbols as we find them than with the facts. Realism begins quite as much with facing and accepting the one, literally and unreservedly, as the other. Then, however, new symbol-fact associations—no longer premature or constricted in any dimensional direction—make a new, advancing fusion and complete the potential gain from the experience. The result in this dreamer's case was about the following:

The symbolic clothing shortly and more actually associated to the rather conventional, unindividuated pattern of social behavior, manners and attitudes by which he presented himself in daily life at work and play. Being unindividuated, they did not allow for any sufficiently vital expression of himself sexually and impersonally—as a man (in one way vis-a-vis fellow man, in another vis-a-vis woman) and as a sharer of all nature, either in its commonness or its depth. He could not acceptably mean such things to himself since he unconsciously confronted the conventionally well-dressed social images, wherever he went, and whatever he actually did.

That situation by now had become psychologically intolerable. It was due for a break; a break, first, among the symbols whose inadequacy lay at the root of the matter. This break was inevitable, even if momentarily in a complete swing-over to facing society *solely* as man and nature without any mediation at all.

The dreamer's finding himself there unable to reverse or even minimize the decisiveness of that break was most salutary, indeed indispensable. *That, patently, was something quite other than the unhappy stubbornness of an infantile exhibitionism.* (Freud). *On the other hand, while happily thorough, this break was not anything so total as if nakedness were equivalent to being one's whole self.* (Fromm).

Instead, accepted more genuinely as experience but more specifically for the particular new start above described, the dream also enabled the dreamer to avoid the most

purely accidental, unintegrated, actual consequences and paved the way for further recognizable symbolic developments and factual correlation.

For example, in a later dream, when he found himself in apparently the same predicament, he remembered the previous experience and became, not so much embarrassed at his nakedness, as ashamed of the repetition. Thereupon he was immediately able to dash for cover and search for his clothes. Of course, finding the clothes which now properly fitted him was not so simple. Rather, he was embarked upon a new chapter of quite diverse experiences contributing to that and leading in turn to the factually corollary sequence.

III

To appreciate the true purport of the symbol-fact interpretative technique, it is essential to appreciate that application of the "what's wrong" criterion is not for disclosure of the dreamer's discrepancy from some collective norm of health or morality. It is, rather, the direct, individual invocation of *one basic means of learning—so basic that its learning constitutes true psychic growth.* Here it is the dynamically differentiating factual. That is the true value of the salty side. Whereas reference to deviation from some supposed norm of sound or mature structure is a comparative misapplication. As to the dreamer, any other's norm is somewhat irrelevant anyway. Focusing on deviations from that is both excessive and inaccurate, thus leading to premature, unindividuated conclusions of moral or hygienic nature which later have to be clarified. Not infrequently such one-sided interpretation has led the patient to pity himself quite unnecessarily, as if this were the sole use of relation to the unconscious instead of succumbing to it as a blind force.

All this makes it doubly important not to miss the direct, fundamental, "what's right" means of learning from the same unconscious experience. The very continuance of such factually wrong dream living, and its untransmuted effects in waking

existence, should have intimated how deeply one must have needed something to keep on happening to it in this unactual way.

Again, then, recognition and validation of this something by the "what's right" criterion depends on no conformity to any norm. The progress consists in its own steps toward greater symbolic depth, wholeness, and integrity for the individual structure, *by the other basic means of learning which is also basic enough to constitute true growth.*

The approach of psychology to living and learning, anywhere, is its study of dynamic awareness (not just consciousness); thus with its own necessary concepts, as unrestricted to current biology's as are those of physics, the science of action *sans* awareness. Its functional concern is with the organic development of that awareness in factual and symbolic fields and their creative correlation in and through the psychic structure. It is important, then, to note that true awareness can no longer be directly regarded as unitary. *It is, rather, a dual phase matter, factual and symbolic awareness; a true unity at the final, most dynamic level of all only so far as truly grown, or as further attained in some rare moments of all-out living.* The much looser and more ambiguous terms conscious and unconscious, can probably be dispensed with.

Now, moreover, the reality grasps, so to say, of these two phases of awareness can be identified and directly utilized—incidentally solving the problem of faith with which psychology has not quite known what to do. Faith is neither an unfounded belief, in the nature of wish-fulfillment, nor some super-belief which must remain forever beyond psychological understanding. Faith is really not belief at all. *It is the authentic grasp of the symbol, where belief is that of the fact.* Surely that is why he who is without some substantial psychic body of both belief and faith is the unstable individuality in a totally real world. Possibly, at long last, belief is the attitude in each field as to its realities, faith as to those of the other; the necessity for both remains.

Thus we come to an entirely new view of the importance of dreaming, *in toto.* It

can now be seen that the dream is by no means essentially regressive, however informative, as Freud has stated.⁸ Nor is it merely a valuable kind of regression as Jung views it.⁹ *The dream is factually regressive but symbolically progressive.* In this light, going to sleep is as much a direction of advance in relation to some reality as is waking up in relation to another. The reality is simply different. In last analysis, the dream field is the field in which sleep may, and usually does, take place, not *vice versa*. There is no more warrant for speaking of dreaming as a device for maintaining sleep than there is for regarding factual experience as a contrivance for keeping awake.

This is not to say that predominantly symbolic or factual phases of living are exactly coterminous with the states of ordinary sleeping and waking. There are all sorts of intermediates. They may be confused intermediates, in which case any seriously problematic experience in the waking world can profitably be approached and interpreted as also a dream.

On the other hand, each of us is a nucleus of reality whose life-individuating urge has already achieved considerable integrity of symbolic and factual nature in his own design, beyond pure dependence on the current symbolic or factual environment. (In a sense that dynamic capacity is the living individuality.) To that extent, experience is repetitive and holds nothing essentially new for our development. We can and do meet such experience with the ordinary so-called consciousness and as consisting of single reality, the ordinary so-called fact. It is sufficiently handled by relatively peripheral instinctive responses or inner-outer motivations and corresponding perceptions and conceptions.

However, unassimilated experience—experience that requires us to grow—continues to present itself by way of the two fields of symbol and fact, and so has to be dealt with. Our dream and waking sides have quite different things to say and do about it. That is why the right-wrong approach in interpretations is, I feel, more fundamental than any other, because it evokes

BASIC DREAM INTERPRETATIONS

aware relational use of the basic, dynamic natures of symbol and fact themselves. *For the deepest source of psychic trouble which man can suffer, far underlying all the instinctive frustrations and inner-outer motivational conflicts of which we hear so much, is some confusion of symbol with fact in their final natures here presented. That is what, at very bottom, hinders our own psychic growth.*

Conversely, as we develop our true awareness, more deeply and accurately to take in both symbolic and factual experiencing, to know each from the other and then genuinely to fuse them in true, creative values (which are the finally pure symbol-fact interconversion channels) we not merely dissolve what otherwise have been troubrous, even destructive, snarls in our life fabric. We get the benefit of their irreplaceable content to make that life fabric a more true and whole individuality. The forwarding of that growth process is the proper aim of modern psychology, quite beyond the testing of existing qualities or the curing of ills, or any other special purpose.

Dream interpretation is thus the core of psychologic method because it is the organic facilitation of that growth. Save for the modern need of catching up with the dream side, as of initial concern, it is a thoroughly two-way affair between conscious and unconscious, involving equally their respective profoundest psychic participations and employing equally their materials of experience. However, this understanding of the interpretative process is squarely dependent on the basic thesis here presented, squarely accepting the conscious and unconscious standpoints of awareness and employing the criteria of both. Otherwise the conception of a one-way emerging "consciousness," in quite unresolved, mixed symbol-fact terms, will still seem the more plausible, though depending on postulates of such incongruous opposites as instinct versus reality, inner (as psychic) versus outer (as physical or real) reality, dream (or fantasy) versus reality.

The energetic source of the developmental growth, an energy far deeper, more potent

and continuous than those separate, partial instinctive responses and inner-outer motivations by which we daily carry on, is no less than the fruitional urge of each life nucleus, literally the urge to realization of the individuality.

I say realization advisedly. It is not that a basic dynamic trend to fulfillment of the one potential design inherent in each human organism has not in some fashion long been sensed and paid tribute. It is, however, something more whole, affirmative and self-creative than that individuation formally defined by Jung as "a process of differentiation from the collective";¹⁰ still more so than Freud's apparent conception on the subject, attainment of eventual dominance by the quiet voice of intellect. On the other hand, while some have truly spoken of it as realization or, at least, actualization, I feel it still in order to point this out:

Whether the "actualizing" conceived by Goldstein¹¹ or the "realizing" conceived by Horney¹² or Fromm-Reichmann,¹³ it is described as consisting and operating in only the usual immediate and relatively factual terms of psychic status and functioning. What I feel has still been lacking recognition is its consisting and operating in terms of the dynamic field-natures themselves, most fundamentally of all. Particularly, it seems to me that, while bringing one kind of the possible or the inchoate into factual fruition is true actualization, there must be equally specifically envisaged and, in practice, forwarded the co-equal deepening symbolic development of the individuality—the advancing self-meaning design—also inherent in total, true realization.

This still too little recognized, truly ultimate capacity of human life in the individual is not clamorous nor superficially spectacular as the immediate responses and motivations may be, but it is ever abiding and in the crisis comes to the fore. It can be more steadily working in respect of all unassimilated experience if and as the way is cleared for it in terms of the basic differing natures of symbol and fact. On this approach, employment of the customary

instinctive and inner-outer motivational terms and the language of their mixed symbol-fact operation can be relegated to a temporary, essentially cathartic cycle, only. It is no part of the basal interpretative process as assimilative and developmental.

For a thorough-going procedure there is no point in trying to factor, however "dynamically," any experience content until its own nature is first recognized as finally as possible. Then, if that recognition is as final as the symbolic nature of the dream, or dream-fraught experience, there is no longer a case for factoring but for constructive conversions. In this case it is a matter of associatively working *up* from the basic nature of the dream and *across* to more equally factual completions in any and every relevant direction, temporally or spatially.

There is nothing scientifically sacrosanct about the temporally past-ward direction, or any other, for that matter. What has now steadily to be remembered is that, since one of the two elements we are dealing with is originally wholly trans-dimensional, neither its primary scope nor the beginning conversive flow into actuality is so conditioned. If the latter has to be here and now it may be the conversion of a symbolic reach temporally past-ward, forward or spatially elsewhere. Of course, if we forget this, the temptation recurs to bolt off in some single direction, such as the biologically or temporally antecedent, for a quick solid-seeming achievement.

By the same token, the basic interpretative process of facilitating the individual psychic realization consists neither in a reductive analysis of the existing individuality (followed presumably by "re-education") nor in any predictable synthesis. It consists in directly forwarding growth within the psyche by aiding the patient, in each dealing with the experience material of his life—and right from the beginning of the process—to find his assimilative way into the factually more correct and fitting and the symbolically new and relevant, and into their better fusion, accordingly; and so into successive steps of advance in the total reality of his own potential design.

True, the total technique will require

ever further interpretative resources, for which knowledge of psychic structure, systems and functions, of factual and symbolic principles of reality-shaping and relation-forming, and of commonly valid symbol-fact junctions is a mere beginning. There is no limit to what can be relevant, effectively for the patient's awareness—that being the prime criterion rather than the embracing of other particular conceptual fields, such as the biological, physiological, etc., or, on the other hand, the mythological.

However, I close as I began. With an understanding of the basic authenticities of dream and waking experience, the bringing together in awareness of the right-wrong learning possibilities, as being also those of psychic growth, is itself a first, true gain and can often directly result in a more whole, individual intent than, I believe, we have heretofore been able to achieve. That is advance toward the psychic goal.

SUMMARY

Basic dream interpretation depends upon the dreamer's most fundamentally evoked concern with dream life, namely, the realization of his individuality as the growth trend underlying all separate, current, conscious or unconscious motivations; upon a direct use of the natures of conscious and unconscious themselves, as dynamically and substantively different experience fields, each progressive in its own character, regressive in the other; upon recognition of fact as the primary experiencing element of the conscious field, symbol as that of the unconscious, equally independent, equally subjective or objective. Fact and Symbol are newly defined, as also their reality constituents, Actuality and Meaning.

Interpretation of the dream is initiated by asking "what's right?" about it (i.e. in its superior character as advancing symbolic experience) and "what's wrong?" (i.e. in its inferior character as a lag in the dreamer's factual awareness). Both invoke the dreamer's sense for consistency with his own self-context potential. "Right" and "wrong" are used for their connotative adaptability to the dreamer's most vitally searching refer-

BASIC DREAM INTERPRETATIONS

ences to this end, such as moral, desirable, possible, etc. The thus-determined "right" is that of a more successful meaning, the "wrong" that of something needlessly unactualistic.

This gives scope for all psychologic resources, facilitating associations, free and controlled, consummating and correlating the factual corrections and symbolic gains in a newly integrable whole. Frequently the basic conclusions emerge almost immediately in that completer individual intent-capacity which is itself psychic growth. Examples are given.

BIBLIOGRAPHY

1. Bennett, Chandler: *A Study of the Dream in Depth, Its Corollary and Consequences*, *The Psychoanalytic Review*, Vol. 41, No. 2, April, 1954.
2. Bennett, Chandler: *Meaning and the Western Way*, Hidden Press, 1933.
3. Sullivan, H. S.: *Conceptions of Modern Psychiatry*, reprinted from *Psychiatry*, Vol. 3, No. 1, February, 1940; Vol. 8, No. 2, May, 1945, (Second Printing), 33-34.
4. Freud, Sigmund: *An Outline of Psychoanalysis*, W. W. Norton & Co., New York, 1949, 61.
5. Bennett, Chandler: *Hate as a Transitional State in Psychic Evolution*, *The Psychoanalytic Review*, Vol. 5, No. 1, 1948.
6. Freud, Sigmund: *The Basic Writings of The Modern Library*, Random House, Inc., 1938, 292.
7. Fromm, Erich: *The Forgotten Language*, Rinehart & Co., Inc., New York, 1951, 90.
8. cf. 6 above, 492.
9. Jung, C. G.: *Contributions to Analytical Psychology*, Harcourt Brace & Co., New York, 1928, 40.
10. Jung, C. G.: *Psychological Types*, Harcourt, Brace & Co., New York, 1926, 561.
11. Goldstein, Kurt: *Human Nature in the Light of Psychotherapy*, Harvard University Press, 1940.
12. Horney, Karen: *Neurosis and Human Growth*, W. W. Norton & Co., New York, 1950.
13. Fromm-Reichmann, Frieda: *Principles of Intensive Psychotherapy*, Chicago University Press, 1950.

LIFE HISTORY AS THERAPY

PART III

THE SYMBOLIZING PROCESS

HAROLD KELMAN

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PROCESS is primary and being aware is a unitary process, said Krishnamurti. He also said, "We shall see, as we go into it more deeply, that we begin to dream, that we begin to throw up all kinds of symbols which we translate as dreams. Thus we open the door into the hidden which becomes the known; but to find the unknown, we must go beyond that door—surely that is our difficulty."⁵² As analysts we are interested in dreams, which I refer to as the dreaming process,⁵³ to help our patients open doors into the hidden, so that they can go on to open other doors to the unknown, which is reality. But to understand not only dreams and fantasies but many other aspects of human integrating, it is essential to understand the symbolizing process which is an aspect of integrating, of the unitary process of being aware.

Cassirer, a pioneer in studying the symbolic process, said in his "Essay on Man", "Instead of defining man as an *animal rationale*, we should define him as an *animal symbolicum*. By so doing we can designate his specific difference, and we can understand the new way open to man—the way to civilization."⁵⁴ With a knowl-

edge of the symbolizing process whole new vistas open to us. It is in the nature of human beings to symbolize, of which abstracting, concretizing, perceiving, conceptualizing, emoting and conating are part processes.⁵⁵ To abstract can be used in two senses, one in the sense of postulating and the other as considering certain immediately apprehended factors apart from their immediately apprehended context, which is the sense I shall use it in at this point. To abstract means to take out of, to select out certain attributes—e.g. from an apple its color, shape, taste and so on, from which we arrive at a concretization of all these attributes into a concept of an apple or appleness. Concept formation is one step in theory formulation. The above is a concept by intuition or induction. Intuition does not mean anything like hunch. In fact, it is the direct opposite. "A concept by intuition is one that denotes, and the complete meaning of which is given by something which is immediately apprehended." "Blue . . . in the sense of a sensed color, is a concept by intuition."⁵⁶ You immediately apprehend, you sense an external object. By observing and abstracting its blueness

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you form the concept blue which is your own very private concept of blue. You cannot tell it to anybody in words to convey it. For another person to have a concept blue he himself must look at a blue object and experience blue. In other words, to convey the concept blue it cannot be described in words. It must be shown.

"PURE FACT"

To form your private concept of blueness you must look at and personally experience the pure fact of blueness in an object. But what is meant by pure fact? It is "that which is known by immediate apprehension alone. It is that portion of our knowledge which remains when everything depending upon inference from the immediately apprehended is rejected."⁶³ "It cannot be too strongly emphasized that if one wants pure fact, apart from all theory, then one must keep completely silent, never reporting, either verbally or in writing, one's observations to one's colleagues. For the moment one reports or describes what one has observed, one has described fact rather than merely observed or immediately apprehended fact. In short, one has observed fact brought under concepts and propositionized. And to have concepts and propositions is to have theory."⁶⁴ "Strictly speaking . . . we can say nothing about pure fact. . . . Words point it out; by themselves they do not convey it. This means that pure fact must be immediately experienced to be known. At least its elementary constituents cannot be conveyed by symbols to anyone who has not experienced them. But to say this is to affirm that pure fact is ineffable in character. For the ineffable is that which cannot be said, but can only be shown, and even then only to one who immediately experiences it. Furthermore, since ineffability is the defining property of the mystical, it follows that the purely factual, purely empirical, positivistic component in human knowledge is the mystical factor in knowledge. The pure empiricists are the mystics of the world, as the Orientals, who have tended to restrict knowledge to the immediately experienced, clearly illustrate."⁶⁵

THE SYMBOLIC SPIRAL

How come this discussion of pure fact? Because I say that symbolizing is metaphorically a spiral and what we start with at the bottom is pure fact and what comes out at the top is described fact as, for example, in the form of dreams or thought processes. What we start with is the pure fact of ourselves and/or an object, which is saying we start with the moment, the here and now. And in being aware, we become more and more open to the pure fact of ourselves and the world of which we are an aspect. The pure facts of ourselves and the world are "creative reality" which, as Northrop, Watts and Krishnamurti have said, are unspeakable in words. Because words which are symbols are about reality, are described reality but are not *reality*. Pure facts can be shown and pointed at through words and gestures but nobody can be in your skin. Only you can feel your own feelings, your reality—*reality*. In therapy we point at, we show the patient aspects of his reality and ways toward experiencing more of it. But only he can feel it. To be the moment, to be reality, you must be silent. In the Orient the constructive value of silence, of "creative quietism" (Lao-tzu), has been emphasized—as have I in analytic therapy.⁶⁶ Above, I pointed out a tendency to overemphasize free associating. One source for this overemphasis is the forgetting that words only point out. Words are vehicles for the conception of objects and events, they are not proxies for them, or for what they are talking about. Words are about past events. They are not past events. They are vehicles for expressions about them. You can only be the moment and have present feelings. To accurately and adequately communicate them, symbols drawn from the effects of the past may be the more appropriate.

The symbolizing process is an aspect of integrating. Metaphorically, it is a spiral or an intimately related sequence of levels starting from the depths and ending at the surface in a dream or in a thought process, both high order abstractions. To speak in terms of levels is to use a form of speech

to visually concretize a process. But in fact I have never seen a symbolic spiral or its levels. Each level is a creation, an abstraction from the one below and is formed by a disintegration of the lower level to be reintegrated as the level above. At the lowest level, what we start with are pure facts. The second level is made up of sense impressions from pure fact—i.e., the experienceable data. These sense impressions are brought to us via the autonomic nervous system from our internal environment, through the peripheral nervous system and through the special senses. The next level I call the Helen Keller level because it is the state that obtained in her before she could "talk."⁶⁶ These first three levels are pre-rational, not pre-logical. By pre-rational is meant levels in the symbolic spiral before symbols of the dimension of thought can be formed. What is symbolized at pre-rational levels is not thinkable yet. Pure fact and these other pre-rational levels are the starting point for all intellection in the human sense. Symbolization is, then, an act not only essential to thinking but prior to it. These pre-rational levels might be said to be pre-symbolic and what follows regarded as properly the various levels or forms of the symbolic spiral or symbolizing process. To create such a division would artificially dichotomize a unitary process, such as feeling-thought, and create the dualism (feeling)-and/or-(thought) and lose the epistemological values in the unitary formulation—the symbolizing process.

The next higher level—the fourth—might be approximated by the stage of hypnagogic reverie which is the lowest level of thought process, in that we begin to get images of sight, sound, movement, etc. The next level of abstraction is that of dreams, and still higher come flash feelings and flash thoughts. At the top are fantasies and thought processes, each being of different orders of abstraction. When a dream is reported it comes out of, and then may be reinserted into, the stream of thought processes. Our attempt in working with a dream, to arrive at a meaningful interpretation, is really an attempt to work our way down from surface to depth in the symbolic spiral.

While symbolizing, from depth to surface, and surface to depth, man can create but also miscreate, because in moving from one level of abstraction to another there can be error as well as verification. This is the danger inevitable in creative freedom. In therapy and in helping a patient to become more aware, we are helping him move closer to his creative reality—the pure fact of himself—and thereby diminish the possibilities of error while symbolizing.

SYMBOLS—DISCURSIVE AND NON-DISCURSIVE

Symbols are discursive and non-discursive —i.e., presentational.⁶⁷ Verbal symbolism is discursive. The form, particularly of Western language, requires us to string out our ideas even though their objects rest one within the other. This is especially necessary because it is dualistic—in subject-predicate form, phonetic and alphabetic. Chinese, which is ideographic, is both a picture and ideation. It conveys a whole matrix of ideas in one symbol. To say it is both picture and idea is to say it unifies the aesthetic and the theoretic which characterizes unitary man.

Visual symbols are non-discursive or presentational. They do not present their constituents successively, like words, but simultaneously, so that a painting, for example, is grasped in one act of vision. Tonal symbols occur in verbal vocalizations, poetry and music. Then there are such non-discursive symbols as kinaesthetic and emotive symbols, which express what cannot be expressed in other ways. Kinaesthetic symbols find expression in the dance and in religious rituals. Creative reality bursts forth and expresses itself in a variety of symbol forms. But in none will it be imprisoned or totally expressed. Even a dream, which I have said is man's greatest artistic creation, is still but an aspect of the creative reality of that person at the moment he dreamed it.

SYMBOLS—PERCEPTUAL AND CONCEPTUAL

Symbols are perceptual and conceptual. To develop what is meant by the process

LIFE HISTORY AS THERAPY

of perceiving and imagining, by which processes perceptual and conceptual symbols are formed, some brief comments about the term consciousness bear repeating. Consciousness is used in the broad sense of awareness of any bodily sensation, emotion, perception or idea. This is the sense in which I have been using awareness. Consciousness has been used in the restricted sense to mean those forms of awareness which occur as images. For this process I prefer the verb imagizing—the process of forming images. Imagizing may be divided into perceiving and imagining. Perceiving, an aspect of integrating, is a process by which an environmental event, of which the organism is an aspect, or an external object, is presented to the senses and represented by the organism in the form of images. The images might be visual, auditory, gustatory, olfactory, thermal, pain, pressure, tactile, kinaesthetic, etc.

Imagining is different from perceiving only in one regard, namely that the images formed are of events and objects not perceivable. What is non-perceivable can be imagined. A person can have images—imagine and form conceptual symbols of his past and regarding his future, both of which are not present to his senses temporally and spatially. He can also have images—imagine and form conceptual images of aspects of his temporal present which are not spatially present to his senses. If they were spatially present to his senses and perceivable he would be perceiving them and forming perceptual symbols of them. Certain aspects of a person's spatial and temporal present, within and outside of himself, are not perceivable because of the way the human organism is constituted. We cannot perceive certain aspects of our spatial and temporal present outside of ourselves because, for example, we cannot hear, smell and see as well as certain animals. Such perceiving is beyond our natural physiological boundaries, just as we cannot perceive the more subtle workings of our natural physiological processes. Two factors may limit what is within our boundaries to perceive in our temporal and spatial present, within and without ourselves. One is

the presence of a physical defect such as blindness. The other is psychological neurotic involvement resulting in severe alienation, dulling and flattening of feelings or severe anxiety which would exclude the perception of certain stimuli, narrow the perception of some and distort the perception of others.

So by a process of perceiving we form perceptual images and by a process of imagining, conceptual images. Emoting is also a symbolic process. We cannot have feelings directly in imagination, although we are aware of them. What we have in imagination are images of feelings which participate in forming a conception of that feeling which I call an emotion—hence, emotive symbols. We infer from a wealth of evidence that animals and infants have physical and psychological feelings. There is evidence that the higher primates can, to an extent and in a limited way, do something which approximates symbolizing. But without language, a cardinal attribute of being human, symbolizing in the human sense is not possible and language in this sense is lacking even in the most evolved, adult and highly trained animals. In infants, though the lower levels of the metaphorical symbolic spiral—the pre-rationalative ones—may be there and though we infer that they have physical and psychological feelings and sensations, have as yet not matured to the point where the higher levels of the spiral could come into being. The development of language comes later and the functioning of this facility is essential to the evolving of the subsequent levels of the symbolic spiral. Until language is present, they are feeling, physically and psychologically, but they cannot form symbols and hence not emotive symbols. Thinking, or conating, is also a symbolic process by which we come to know ourselves and the world around us only as human beings can. Hence, the thinking and the formation of connotive symbols is also not possible for animals and infants.

IMAGIZING

From the above it can be seen what a

crucial and unique aspect of human integrating symbolizing is. Of everything that we are and can be aware, we form symbols. What we always start with are pure facts and sense impressions of them. And we cannot have sense impressions of our past because it is not immediately present to our senses. We can form images of past events and with our imagination form conceptual symbols of the past. The word image is not a happy choice, but the best I can find. Because so many individuals are visually minded they naturally think of images as meaning something visual and tend to think of imagination as likewise something visual. But imagizing, the formation of images, is a step prior to symbol formation whether of conceptual or perceptual symbols. And again I return to one of my central themes. We cannot feel just like, identical with, the way we felt at some point in the past. We can only have present feelings which through the process of symbolizing can be wrought into symbols of the past to accurately and adequately point at and conceptualize present feelings.

SYMBOL ATTRIBUTES

And in pointing at present feelings, or whatever form of awareness, symbols manifest these attributes: they start with pure fact and deal with essentials, with what is essentially concerning us. They are truthful to what they are representing because they are formulating essential truths about ourselves. Symbols are creations, a product of the creative process of symbolizing. They are artistic because they are abstractions from pure fact, a continuum of ineffable aesthetic qualities. Symbolizing, and hence symbols, through a process of creation and as an expression of the tendency toward self-realization, formulate and favor the process of cure and hence are curative. As an expression of the organism's tendency to integrate with economy, symbols are economical, precise, concise, condensed and adequate. They are also appropriate, pertinent and timely. And finally they are relevant. It is not in the nature of the organism to expend itself on what is not

relevant to the tendency toward self-realization.

SYMBOL CHOICE

The wisdom of the organism not only manifests itself in the attributes of symbols but also in their choice. Although there is a world of experience to choose from for symbols, man has freedom of choice only to an extent regarding the symbols that will be chosen. They will be chosen to transform energy in himself and energy coming to him from without. In the process of transforming this energy into symbols he will be transforming himself and the world around him in the direction of creation or miscreation. There are three limitations to man's freedom in choosing symbols. First, he can choose symbols only from the sensate world and only those that he can perceive, imagine, synthesize or extrapolate. Naturally, this must be from his experience. He cannot form symbols from something he hasn't experienced or which is not within the nature of man to experience. On this score and a number of others I cannot go along with Jung's notion of universal symbols as an expression of a collective unconscious nor with Freud's notion of universal symbols as derivative of the vicissitudes of libido. That human beings universally have certain experiences, as, for instance, relating to rhythmicity and phases in the life cycle, is quite another matter which I shall discuss later.

The second limitation with reference to symbol choice relates to the fact that energy seeks suitable forms. Man is only free to select from suitable forms which will aid his self-realization. Also, the symbol forms do not select the meaning, but the meaning to be conveyed will select the form suitable to convey it. Meaning selects form and not form meaning. That is how come symbols have such attributes as relevance, pertinence, appropriateness, adequacy, etc. And that is how come if my present feelings are like, similar to, equivalent to, how I felt at seven and ten, that I may associate something from those periods or have dreams which contain symbols or to which dream

I associate material of those periods or reminiscent of them. And just that has happened to me. At one period in my self-analysis the picture of myself at seven in a family group and of myself at ten kept coming up; also recollections of other events of those periods. At the same time I was having dreams in which children of that age period in various settings and relationships with adults kept appearing. At times some of the figures in the dreams were children and adults I had known at those times.

A third limitation in symbol choice is the rigidity of a person's neurotic character structure and the narrowing effect it had or does have on him as an individual. Such a person cannot as freely abstract and as freely choose his own symbols. They are forced on him. A good example in the motor sphere is of a person with a severe compulsion neurosis. He must repeat his rituals, a complex of symbolic acts, or suffer panic if interfered with, or assault the interferer. This third limitation defines for us certain objectives in therapy: to reduce rigidity and increase plasticity; to reduce being forced and increase spontaneity; to expand awareness, so that the individual will be open to more of the pure facts in himself and in his environment, to more of the stimuli originating in himself and in his environment as sources of energy, so that with more available energy and a greater breadth and depth of experiencing he will be more able to create himself more richly and effectively through his own process of symbolizing.

SYMBOL FUNCTIONS

The question, "What is a symbol?" is not answerable. We must ask what are the aspects of symbol functioning, of which there are four. Because of the nature of our minds and of discursive thought, we have to go through a process of abstracting out these four aspects. Actually, in the process of perceiving or imagining, all four aspects participate inseparably. The four aspects of a symbol function are subject-symbol-conception-object. Symbols are not

proxies, substitutes for objects or events, but vehicles for the conception of objects and events. The lumping together of symbol and conception and of substituting symbols for the objects they stand for have created all manner of human havoc. Aldous Huxley said, "In the contexts of religion and politics, words are not regarded as standing, rather inadequately, for things and events: on the contrary, things and events are regarded as particular illustrations of words. . . . In every situation involving our deeper impulses we have insisted on using symbols not only unrealistically but idolatrously, even insanely."⁵³

To give an example of the symbol function at the level of discursive thought: what can be done visually by one apperceptive act, for instance, to look at a mother—namely, to apprehend and/or communicate the meaning of the symbol, mother—to put it into words, we have to separate out aspects by abstraction and string them out, one next to the other, which is not what happened when I looked at a mother. Now to abstract the aspects of my perceiving a mother. First, there is the subject me, the actual person, not the pronoun me. Then there is the object, a mother, an actual mother, not the noun mother. Then there is the symbol, a whole composed of visual, kinaesthetic, emotive, tonal, gustatory, olfactory, etc. images phenomenally present to me. And fourthly, the conception, the connotation of the symbol, the meaning the symbol has for me. This conception, this connotation, has been built up from past experiences, organismic-environmental sequences, into which mothers, my mother, motherlike, motherly persons entered. We may say that my conception of mothers is a residual of contexts, the after effects, the memory of mothers. That is, the past contexts within which mothers etc. have been presented merge to build up my conception of mothers. The symbolic process of perceiving was taken because of its simplicity to exemplify the symbolic function. The same could be done for imagining, conating and emoting. Finally, for a symbol to have meaning, there must not only be a somebody capable of forming images of an ob-

ject, but that somebody, the interpretant, must be able to form a conception of that object. This implies the ability of a meaning function—of mentation. There always has to be a somebody else to whom the object means something and that somebody else is man.

The symbol function of perceiving a mother was selected also to help make the step to imagining a mother. The crucial difference would be that a mother would not be present to my senses. The stimulus for elaborating a conceptual symbol of a mother could originate in me and from outside sources except from an actual mother. The conceptual symbol I form will be appropriate and adequate to convey what is going on in me here and now, whether the symbol forms have reference in time to past, present or future and any location except here and including here. This is a partial preparation for discussing the fact of symbols representing universal experiences, like relationships with mothers and fathers, eating, defecation, sex, etc. The fact of representing universal experiences is quite a different matter from universal symbols in the sense of Jung and Freud. It also is background for how we deal with such symbols in therapy.

From the moment of impregnation, the unitary process organism-environment obtains. The organism as an autonomous agent cooperates and conflicts with its environment. In the sense of memory as after-effects, wake or track in the present, we can speak of the organism remembering before, during and after birth up to the time a feeling of identity begins to develop with speech and conative processes, sometime between twelve and eighteen months. From then on more aspects of the symbolizing process come into being and are developed, and with them a symbolic self which I shall shortly define.

FEELING OF SELF

We cannot know how an infant feels and develops a feeling of selfness except by inference at the moment and more and more certainly, though still inferentially,

as it can communicate to us by smiles, cries, gestures, sounds, word-like sounds, words, speech and by the natural rhythmicity of its development. That an infant has physical sensations and feelings we can infer with increasing certainty on the basis of extensive evidence of responses to feelings in themselves and in significant other human beings. But to infer a feeling of selfness before there are verbal expressions to and from a child on a conceptual level, is to make such an inference on debatable grounds. When a child begins to utter "me," "I," "baby," "Johnny," and points at himself and in other ways clearly indicates he means himself, the evidence strongly suggests that a feeling of selfness is emerging and forming. We can also infer that a prior process of preparation for the development of that feeling has gone on. But between a feeling of selfness, the idea of a self and a symbolic self we must clearly distinguish. A feeling of selfness is a feeling and only the person who feels it, can feel it, have it, know it and communicate it. It is real to him. A self is an idea, a notion, a concept and not a thing, an identity or an identifiable something. The notions self and symbolic self are not things actually existing but constructs, operational tools, ways of talking to inform and to elucidate. And what they are to mean in our mutual discourse will be determined by how we define them.

THE CONCEPT—SELF

The development of a self—the idea—continues as long as we are living. It is actively, not passively, patterned because the organism is active. During the first two years of life, the child is extremely dependent on its environment. The self is derived from the environment, especially as it is affected by significant persons in the environment. Direct emotional—non-verbal, immediately apprehendable—communication is mainly what obtains in the first years and is crucial for self-development. Non-verbal communication continues to be the main form of communicating essentials all our lives, a fact that those who be-

LIFE HISTORY AS THERAPY

come compulsively word-minded and word-blinded have lost contact with. The infant responds as a whole with the pure facts of itself to the pure facts of its physical and human environment. For the latter there is no substitute, as hospitalism in infants amply verifies. Described facts—symbols about pure facts—in themselves can mean almost nothing to an infant who has almost no developed symbolizing processes with which to elaborate them. We can infer that something analogous to what I have referred to as the pre-rationative levels of the symbolic spiral may obtain but the levels above these do not yet exist. Their coming into being must wait upon subsequent maturational phases of development.

THE SYMBOLIC SELF

The formation of a symbolic self, the presence of which we can later infer, begins with the first instances of awareness—and I mean awareness in the broad sense in which I have defined it. The symbolic self is the result of learning within the possibilities of the organism and its development goes on as long as we are living. The organism of which the symbolic self is an aspect realizes itself through a sequence of organismal-environmental sequences, transactions (Dewey), biospheric occurrences (Angyal), extended through time. In proceeding through these experiences, the organism, by the process of symbolizing, forms conceptions of itself, of its emoting, co-nating, perceiving and imagining. Conceptions grow out of experience and are a residual of experiences. Conceptions are aspects of memory and learning. The whole of these conceptions—namely, all these conceptions totalistically conceived—is the individual's conception of his self. This totalistic conception is his symbolic self. My symbolic self contains my conception of my body, my feelings, my willings, my actions, my thinking, my conception of my work, my relations to myself and to others, my philosophy of life, my conception of my world and the world and me in it. The symbolic self is a sub-whole within the organism. It symbolizes the total organism.

Although a total symbolic self is always there—as a theoretic assumption and tool in therapy—neither the individual nor the analyst can observe and consider the totality of conceptions at any moment. What patient and analyst can do from moment to moment is to focus sharply and diffusely on aspects or groupings of conceptions. Neither can have in mind at any moment the totality of conceptions—the symbolic self—because, though relatively static, it is always changing. It is always changing through the participation in and the effects of sequences of biospheric occurrences, which is one way the analytic situation may be defined. Patient and therapist are being aware of the patient's symbolic self and in being aware are active agents in effecting changes in it. We say that the individual is well or rationally integrating when his symbolic self is predominantly an accurate, adequate symbol of himself and that he is malintegrating or irrationally integrating when his symbolic self is a predominantly inaccurate, inadequate symbol of his organism. When his symbolic self is an extreme distortion of his actual self we say he may be severely neurotic, psychopathic or psychotic.

THE ACTUAL SELF

By the actual self I mean the total self at any given moment. The aim of knowledge is to approximate toward a total knowledge of the actual self. As that state is approached, there would be more frequent moments of being, our awareness would be expanding, and we would be becoming more intelligent—"intelligence being the total awareness of our process" (Krishnamurti). Also, what I have called essential conflict (which I shall discuss later), the essential dualism in ourselves, would become generally less intense and there would be more frequent moments of being one in the all.

THE EMPIRICAL SELF

Then there is the empirical self, by which I mean what is immediately apprehendable

and observable at any given moment. By empirically immediately apprehending and observing the actual self at any moment and in an extended contact, we attempt, in therapy, to help a patient approximate to a picture and an awareness of his actual self, and as he does so greater depths of feeling and more frequent moments of being aware will obtain.

THE SELF-SYSTEM—FORMED AND FORMING ASPECTS

I also speak of a self-system. It has been long realized that description of wholes, like the whole organism, cannot be done in terms of logical forms like relationships but require a logical genus like system.⁴⁵ The organism integrates as a whole. The whole which is the actual self is a hierarchy of systems. Within the whole are systems which are relatively static and rigid. These systems I say constitute the formed aspect of the self-system. I say relatively static, rigid and formed, meaning the rate of change is slow enough to give that appearance. These words—static, rigid and formed—explain and portray a contrast and indicate different rates of change in the two aspects of the whole, the formed and the forming. Unwittingly, they can be misconstrued to mean a dualism. What seems like a dualism is a polarity of aspects of the whole. In a dualism, I imply a dichotomy and, in human terms, an irreconcilable compulsive opposition: basic conflict (Horney) and/or what Horney calls central conflict—between what is healthy and what is sick. In a duality, contrasts, differences obtain which more and less could be resolved in healthy friction with the creating of something new and productive. An oscillating equilibrium between these two—the formed and the forming—aspects of the self-system changing at different rates is what in fact obtains. So that when I say static, rigid and formed, I mean relatively so—changing at a slower rate than the forming aspect.

Within the whole are systems which are dynamic and plastic and are to a greater extent directly influenced by conscious activity, by being aware, than are rigid sys-

tems. This sub-whole of plastic systems within the whole I characterize as the forming aspect of the self-system. Always to be kept in mind is that the whole is a system of physical and psychological processes and is one aspect of the unitary process organism-environment. Of the formed or rigid sub-whole we have a symbolic conception which I call the formed aspect of the symbolic self. Of the forming, plastic sub-whole we also are having a symbolic conception which I call the forming aspect of the symbolic self. The essential conflict, always present as long as man is living, is between the formed and the forming aspects of the self-system, between the known and the unknown, the old and the new. In being totally aware of our process, of our oneness with the all, rhythmicity of physiological and psychological processes continues. What was must disintegrate to reintegrate into what is the next moment. While doing so, the organism tends to maintain itself in a state of relative constancy. This must obtain for the healthiest person and the most enlightened one. I call this conflict essential conflict because conflict, like cooperation, is essential to life and living. This obtains in the whole biological scale from viruses to human beings. This is the unity in diversity of unitary process thinking. The healthier we are, the less energy is bound in unavailable forms, the less is wasted in acquired unhealthy conflict and unhealthy co-operation, and the more energy is free as a manifestation of "inspired spontaneity" (Watts) for healthy friction and healthy co-operation.

The organism which is an aspect of nature differs in one crucial regard from inanimate forms. It integrates as an autonomous agent according to its creative reality. While the tendency of inanimate forms is toward sameness, the static, disorder, irreversibility, unidirectional movement and an increase in entropy, in living forms the tendency is toward differentiation, the dynamic, order, reversibility, bidirectional movement and decrease in entropy. The formed aspect of the self-system, an aspect of nature in human nature tends more toward the attributes of the inanimate and

an increase in entropy. The forming aspect of the self-system, also an aspect of nature and human nature, tends more toward the attributes of the animate and a decrease in entropy.

Analogous and, I feel, quite similar statements have been made by a number of others though differently formulated. According to the second law of thermodynamics the tendency is for entropy to increase in isolated systems. And the formed aspect of the self-system tends toward being isolated and closed, while the forming tends toward being connected and open. "As entropy increases, the universe, and all closed systems in the universe, tend naturally to deteriorate and lose their distinctiveness, to move from the least to the most probable state, from a state of organization and differentiation in which distinctions and forms exist, to a state of chaos and sameness. . . . But while the universe as a whole tends to run down, there are local enclaves whose direction seems opposed to that of the universe at large and in which there is a limited and temporary tendency toward organization to increase. Life finds its home in some of these enclaves."⁶⁸

In a probabilistic world, chance and an element of incomplete determinism has to be admitted. "For this random element, this organic incompleteness, is one without too violent a figure of speech we may consider evil; the negative evil which St. Augustine characterizes as incompleteness, rather than the positive malicious evil of the Manichaeans. . . . The scientist is always working to discover the order and organization of the universe and is thus playing a game against the arch enemy, disorganization. Is this devil Manichaean or Augustinian? . . . The Manichaean devil is an opponent, like any other opponent, who is determined on victory and will use any trick of craftiness or dissimulation to obtain his victory. . . . On the other hand, the Augustinian devil which is not a power in itself, but the measure of our own weakness, may require our full resources to uncover, but when we have uncovered it, we have in a certain sense exorcised it, and it will not alter its policy on a matter already

decided with the mere intention of confounding us further."⁶⁹ Einstein said, "The Lord is subtle, but he isn't simply mean" ("Der Herr Gott ist raffiniert, aber boshaft ist Er nicht"), indicating that the forces of nature do not bluff. "When Faust asked Mephistopheles what he was, Mephistopheles replied . . . A part of that force which always seeks evil and always does good."⁷⁰

As we aspire to more of the humility of an Einstein who sought for the order in the preestablished harmonies in nature and the wisdom of a Goethe, whom L. L. Whyte called "the best example of unitary man," we will feel more that nature in general, that aspect of our nature, the formed self-system and its symbolic representation, do not have the attributes of a Manichaean but of an Augustinian devil. It is we who have endowed that aspect of ourselves with Manichaean qualities. With humility and wisdom we can become more responsible and effective in determining our future as individuals in a world of individuals. In so doing we will be opposing and reversing the tendency to increasing entropy, in larger and larger areas of our world.

In view of the above, Schrödinger's statement in his book, *What is Life?* that "it (life) feeds on negative entropy,"⁷¹ becomes more meaningful. Stated otherwise, he says life, you and I, can reverse the universal tendency toward increasing entropy. We can oppose the tendency of the formed self-system to acquire domination over the whole organism. Julian Huxley in *Evolution in Action*⁷² makes a more positive assertion. While previously biological evolution predominantly determined human evolution, it may now be possible for man to become the predominant determinant in the direction of his evolution. May there be enough human beings with sufficient humility and wisdom to assume that awesome responsibility. Rapaport, discussing "Quantification of Ethics," says, "Only one direction seems promising—the acquisition of the higher adjustment faculties. The direction can be taken by individuals, groups, and the whole of mankind. It implies a struggle, not a competitive struggle against potential allies, but a struggle against the chaotic tendency

of nature, a struggle of creating order out of chaos, knowledge out of ignorance, insight out of illusion, freedom out of compulsion."⁷³ The theme of reversing the tendency to increasing entropy is here repeated in another form.

L. L. Whyte puts my notions of the formed and forming aspects of the self-system in universal terms as an expression of the unitary principle. "Process consists in the development of form by the decrease of asymmetry. . . . This process of development is universal; it is the form of the order of nature. . . . The decrease in asymmetry can already be recognized in four different types of process which may be called molecular development, mechanical development, statistical development, and organic development." (*Two of these—mechanical development and statistical development—do not concern us here.*) "Molecular and organic development present a fundamental contrast. Molecular development is the separation, persistence and extension of symmetrical forms, such as molecules and crystals, which can change no further and are therefore relatively static, and within limits, stable. Organic development, in the individual organism, is a complex of processes which never reaches complete and static symmetry, but continues as a development of process forms. Within the system of the organism no complete separation of symmetrical form is possible, and the extension of existing structures by the orientation of new molecules always remains subject to the pattern of the whole organism. Inanimate molecular processes lead to static symmetrical patterns, but organic processes never get so far and continue to develop as the processes of the living body, until the life-sustaining conditions fail and the processes lose their organic character and culminate in the static symmetry of inanimate forms."⁴⁹

What Whyte says about inanimate matter is very similar to what I say about the formed self-system. He does not say absolutely static but relatively static, and not absolutely stable but stable within limits. Likewise there is a similarity in what he says about organic matter to what I say

about the forming self-system. "No complete separation of symmetrical form is possible," and "organic processes never get so far" because if and when they do we have death and the inanimate, not life and the animate. So the tendency toward symmetry is universal but for life to continue this tendency must be opposed and slight to more asymmetry must obtain. Symmetry is then synonymous with sameness, chaos, disorder, and maximum entropy and minimum potential energy. I can understand how the term symmetry has created difficulties in understanding Whyte because the tendency is to associate symmetry with harmony, beauty and something positive when it is just the opposite in the sense Whyte is using it. Now, just as the word symmetry may create problems, so does the word equilibrium. Actually, in the sense Whyte and Wiener use equilibrium, an approach to perfect equilibrium is an approximation to death. Whyte defines the unitary process, organism-environment, as "an oscillating equilibrium between the processes of a hierarchical system (organism) and of the wider system (organism and environment) of which it is part, resulting in the development of a characteristic (organic) process form."⁵⁰ Wiener says, "In a system which is not in equilibrium, or in part of such a system, entropy need not increase. It may, in fact, decrease locally."⁷⁴ Clearly, perfect symmetry or perfect equilibrium are not states conducive to living. Our very imperfection is essential to living and a stimulus that draws us on to a perfection which we never attain.

To recapitulate, so that my meaning is clear. In being aware of the wholeness of our process, there is only the moment, the here and now, the feeling of oneness with the all. We are immediately apprehending and being the pure fact of ourselves, of our creative reality and all creative reality. When we are being one with the all we can only communicate it by silence. If we point at a person or a something which we immediately apprehend, the other person to whom we are communicating must be able to be aware and immediately apprehend the pure facts being pointed at. The mo-

LIFE HISTORY AS THERAPY

ment we start to talk, it is about pure fact. It is described fact, theoretic fact. We are theorizing and we have set up an observer and an observed and are caught in the dualism of our language and of intellect. To be quite clear, our theories are ways of thinking, are useful as guides on the way toward being aware. As we are more able to be aware, we leave our theories and our tools behind. They have outlived their usefulness. Those steps beyond, the individual must go himself to be aware of his creative reality.

To add a further clarification to my meaning. Tending to a state of relative constancy on the part of the organism should not be confused with the notion that there is a permanent constant "I" watching a "me" which creates our inner dualism, our inner dissociation (H. S. Sullivan)⁷⁵ and the dissociation of Western man (L. L. Whyte⁴⁹ and Trigant Burrow⁷⁶).

However, the formed aspect of the self-system and its symbolic concept can be the starting of our inner dissociation which finds its analogy in the dissociation of Western man. When the natural course of development from infancy through to adulthood is not immediately apprehended and supported according to the possibilities requisite to each phase and the organism's natural growth, rhythms are interfered with, the formed aspect of the self-system steadily assumes greater dominance over the whole organism and establishes more of an autonomy of its own within the organism. The tendency is then toward the static, the rigid, the compulsive, the dualistic, the irrational. The dynamic, the plastic, the spontaneous, the unitary, the rational steadily become less, qualitatively and quantitatively. We say such a person has become alienated from his real self. Others say dissociated. As the organism is moved and driven in that direction, the process of irrationality can manifest itself as the neurotic process, the psychopathic process or the psychotic process. These for me are abstractions from the process of becoming more irrational and explain how come, for example, in a severe neurosis some aspects of the psychopathic

and psychotic process can be manifested.

The tendency of the organism to maintain itself in a state of relative constancy, relative, is an immediately apprehendable pure fact, observable and describable qualitatively and quantitatively. While being relatively constant the direction of its integrating can be toward greater health or greater sickness, toward expanding or contracting awareness. In our thought processes and in our dreams are reflected in symbols the conflict and the co-operation between the formed and forming aspects of the self-system. They are also reflected in other aspects of our awareness not formulated or formulable in symbols and particularly in creative silence. What we see in thought and in dreams is a reflection of essential conflict and co-operation between the formed and the forming aspect of the symbolic self. From the reference point of the formed symbolic self, thinking tends to be comparative, causal, relational, static and rigid. From the reference point of the forming symbolic self, thinking tends to be of the system variety, dynamic and plastic. From what we immediately apprehend and observe we attempt to determine whether a patient is moving toward greater health or greater illness. We do so by delineating the patterns of integrating from moment to moment. The detailed expressions of the patterns of integrating are the more and less rational and irrational attempts at solution of essential conflict and cooperation.

NATURAL HUMAN RHYTHMICITY

Earlier I said that there are experiences universal to all human beings because of the nature of the organism, and as manifestations of rhythmicity and the phasic character of its processes. Certain of those phases are more manifest and crucial as I outlined them from birth through senescence to death. These phases will be participated in, in the matrix of significant others—parents, brothers, and sisters, relatives, teachers, friends, marital partners—as vehicles of cultural patterns interpreting them in their own individual ways. So, while every one physically goes through

the same phases, when and how will differ, as will the attitudes toward them from culture to culture. In the process of growing, each individual will be forming his symbolic conception of himself and the world in which he has lived and lives. It will be understandable then that the experiences of each of these phases, the emotional atmosphere of that individual's milieu at each phase, and the significant persons in his environment will participate in the forming of his symbolic conception of himself. The more of these crucial phases other persons participate in and the longer they do so, the greater will be the intensity and extensiveness of the residuals of contexts in forming a symbolic conception of them. So it is no wonder that mothers and mothering ones have such intensive and extensive aftereffects in all human beings. Likewise, because an individual goes through many crucial phases in the first twenty years of his life and these phases being such immediate expressions of natural biological rhythms, it is understandable that their aftereffects as a basis for symbol formation would be intensive and extensive.

To the extent that significant others interfere with natural rhythmic growing, to that extent will the formed aspect of the self-system and its symbolic aspect assume greater dominance. Because of its tendency toward becoming static and rigid it is understandable how the notion of being arrested at certain stages of libido development was arrived at. But between what in fact is arrested, is static and rigid and what looks like and seems as though it were arrested there is a vast difference. This point is crucial. On what is in fact arrested, static and rigid, subsequent mitigating and favorable life situations could have little, if any, effect. In fact, the static notions of being arrested at certain stages of libido development contradicts the possibility of therapeutic effectiveness. On the seeming static and rigid, life circumstances in fact do have their effects. These seeming rigid and static aspects are also being transformed, though at a slower rate of change. Life as therapist can further slow or accelerate that rate of change. The latter is naturally what

we hope will occur in the course of analytic therapy.

That the aftereffects of experiences relating to sucking, eating, defecating, urinating, crying and laughing would be intensive and extensive is not surprising, nor that the persons participating in these experiences would prompt responses having intensive and extensive aftereffects. To the extent that a person's natural growing rhythms have been interfered with, he becomes alienated from himself. The phase of his life and the persons who participated in this interference will leave more and more aftereffects tending toward the static and compulsive, and participate in the formation of the irrational aspects of his symbolic conception of himself. Whether a patient talks a lot or little about those painful phases and the persons involved is not the important issue. What is important is how does he talk or not talk about them? If inner necessities determine that he must talk about his present feelings in terms of past or present, that's what he must do until he can do differently. It is the therapist's task to recognize that that is what his patient must do now, go along with him as Martin says, and help him see and feel and resolve this need, this defense. To attempt to force a patient to talk about his past or present or to interfere with his talking about his past or his present is a threat to his way of being as he must be and spontaneously can be. He has enough of inner coercions to deal with as it is. As the therapist helps a patient resolve his compulsiveness and strengthen his spontaneity, he will spontaneously talk more with reference to whatever he has difficulty with and enjoys, in his past, present or future. He will express his present feelings in whatever symbols are appropriate to portray them. At some point symbols relating to various crucial phases of his development and the significant persons with which they were associated will come up. It is not only essential but natural that they will, as part of the process of resolving aftereffects which are an irrational aspect of his formed self-system.

Also as a patient gets closer to the pure

fact of himself, he will become more aware of his natural rhythms. As he does so the symbols that more appropriately and adequately portray those feelings will appear in his associations. They are ones relating to origins, beginnings, essentials, roots, home, children, parents, past; to natural body rhythms of respiration, heart action, hunger and satiation, bowel and bladder tension and evacuation, natural fatigue and sleeping, natural awakening and being rested, natural sexual interest and satisfaction. Symbols portraying the rhythm of playing and working, of being with people and being with oneself and of being talking and being silent will become more apparent. Symbols representing feelings of healthy conflict and healthy cooperation will become more frequent. With expanding awareness he will be more open to the rhythms in nature, in animals, in flowers, in the diurnal cycle and in the seasons. As his boundaries of awareness expand he will be more responsive to the broader issues in groups, in the nation and in the world and all these will find their expressions in symbols, appropriate and adequate to them as he feels them. In what I have been just saying I feel my views are quite similar to those expressed by Martin in his paper, "Nostalgia."⁴⁴

EMERGING NATURAL RHYTHMS IN AN ANALYSIS

Many of the essential points made in this paper, and particularly those with reference to the emergence and expanding awareness of natural rhythms, can be concretely shown in the progress of an analysis. This woman had been severely resigned and morbidly dependent, with a life-long history of minor and major physical ailments necessitating frequent hospitalizations and several surgical procedures. In the middle of the fourth year of her analysis, associations began coming up indicating a desire and a pull to move from sitting on the couch to sitting on the floor next to me. Through helping her experience these associations, after a struggle of about six months, she finally

dared to make the move and has continued the analysis in this position since.

About three months after sitting on the floor facing me, she had a dream from which she woke with quite some anxiety and intense feelings of shame. It was only several weeks later that it came up in connection with bringing up feelings with reference to me with which she had had, and was having, quite some difficulty. In the dream I was vaguely there in bed with her and she had an orgasm, with which feeling she awoke. It was some time before she could dare turn the light off and go back to sleep. What disturbed her most about the dream was that to her it meant being disloyal to her husband.

A year and a half later—in the sixth year of her analysis—this dream came up again and what in fact had been much more disturbing about the dream became clearer. In the interim, her compulsive passionate need to know, the emphasis on the supremacy of the mind, the need to be able to control feelings with her mind, and to have feelings by order of her mind, became clearer as one of the main sources of the life-long feeling of being "stupid." This feeling, plus the fear of "saying something silly," had been a major factor in keeping her silent, even with family members, and in avoiding situations where she might be called on to express herself.

This move from sitting on the couch, in which she was at a slightly higher level than me and at a distance, to sitting on the floor closer to me and at a slightly lower level, had become equated unconsciously as the bottom intimate sexual position. About sex up to then, she had said little and was still very prudish. A year and a half later, in view of what had gone on in her analysis, the deeper meaning of this dream had become clearer. Her anxiety had come mainly from letting go of and hurting her neurotic pride in controlling her feelings through intellect. The shame was a hurt-pride reaction to being disloyal, not to her husband but to her false loyalties to old neurotic patterns. In short, her anxiety and shame were her response to an unexpected and unpredicted breakthrough of spontaneous—

unpremeditated—uncontrollable feelings toward me, translated into sexual symbols and sexual bodily responses.

Prior to her move from the sitting position on the couch, she had in sequence sat facing me across a desk, then lying on the couch with me still in the same chair from which she had been facing me, then with me behind her in another chair, and then sitting up on the couch facing me with me in that latter chair. In short, she had been helped to experience increasing degrees and extents of physical mobility as I have discussed them in detail in my article on "The Use of the Analytic Couch."⁴¹ This amount of mobility and locomotion was considerable for a person as inert, dead and insubstantial as she. Only about six months after my move—in the fourth year—to sitting behind her did the subject of emptiness and the emptiness in her life come up, and with it the panic she felt at seeing my empty chair behind the desk. She felt this panic right after I left this chair and for several months after. But only six months after my move, when it was not so threatening, could it come up.

Immediately after making the move to the floor she talked of having—and of it being—something solid under her and being closer to the ground. The shift from feelings of unsubstantiality and emptiness to wanting something solid under her to having, a year later, a feeling of something solid in her clearly portrays some of what was going on in her. Shortly after moving to the floor—and before the orgasm dream—came a recollection of a bicycle her father bought for her in her early teens and a particular experience with it. She recalled riding it on the beach and the strong impact it had on her when she saw that her bicycle tires had left an imprint in the sand. The connection seems clear between wanting something solid underneath her, her previous feelings of insubstantiality, and the discovery that she left an imprint, carried weight, had substance. Also the recollection had to do with locomoting.

In the next year and a half the distances, varieties and pleasures in locomoting steadily increased. She began to be

more and more aware of the rhythm of her body in motion. She went out walking alone more often, particularly into the park and even began going about at night alone, something which heretofore terrified her. Previously she used only taxis; now in addition to walking, she used mainly subways and buses. In the first summer after using the floor position, she enjoyed swimming more and talked of her powerful leg movements and the pleasure in them. But these movements tended to occur more below the surface—hidden. The following summer she began to enjoy her arm movements more and the whole of her body swimming, and noticed a steadily increasing stamina. Now her whole body in motion, including her leg and arm movements, were quite visible. She could dare not only to enjoy but to be more open about enjoying and specifically the natural rhythms of her body. While before her husband had been the athletic one, he now was the one who tired first.

It was several months after the recollection of the bicycle experience that the dream in which she had an orgasm occurred. The dream opened up an exploration of her sex life which she had pretty much avoided up to then. With the bicycle recollection the first positive feelings toward her father began to emerge. In the previous analytic work she had become aware how she had clung to and admired her mother through fear, and how her mother had used her, from her earliest years, to keep her father out of her mother's bed. Her mother had instilled in her a fear and hatred of men, particularly of her father. She recalled incidents as early as age nine when a little boy tried to kiss her and she had run in terror. Her awareness of what her mother had done to her brought out much resentment toward her, toward mothers, and the kind of mother she herself had been. Her mother had instilled in her a fear and ignorance regarding sex, and when she married sex was a frightening and painful experience which she avoided on any pretext, and for a time after the orgasm dream. After it, much that I related above came out, as well as recollections

from her early teens of exciting sensations in her genitals which frightened her. She told no one and they stopped by the time she was fifteen or sixteen. At no time did she recall masturbating. At this same time discussion brought out an almost lifelong "weakness of her kidneys," and that urinating was an unpleasant and often painful function. Also she had lifelong gastro-intestinal difficulties and chronic constipation with a painful fastidiousness about it.

In the course of the following year and a half—in the sixth and seventh year of analysis—she became aware of a steadily increasing desire for sex, and enjoyment of many aspects of love-making with more frequent and more whole orgasms. In the process she discovered her husband's problems in sex. Urinary frequency diminished and she felt free enough to interrupt sessions to go to the bathroom. And her constipation became less marked, as did her compulsive cleanliness after each bowel movement. A poor eater all her life, she became more interested in cooking and preparing tasty dishes for herself which were within the range of a slowly expanding diet.

With the discussion of sex, more came out about her feelings when her breasts began to develop in her teens. She was ashamed of them, held them in with tight brassieres and walked even more round-shouldered than she was accustomed to. With increasing awareness and enjoyment of her body in locomotion, she noted that she began to stand and walk straighter and to throw her chest out. Where before there had been a need to hide and choke all feelings, and particularly those regarding sex and being a woman, she began to enjoy the attractiveness of her body as a woman and being noticed by men.

Discussion of walking straighter with her chest expanded brought up the whole subject of her breathing. She became aware how shallow and constrained it always had been, as also had been her voice. She began to discover the pleasure in breathing deeply while walking, and of the relaxing effect of breathing deeply and rhythmically when under tension. With this the smallness of

her voice began to disturb her. Previously terrified of loud noises, of deep, large voices, or of anyone screaming or shouting, she now began to envy them. Since then she has related her pleasure in screaming and shouting at her husband, even in front of family members. As she is beginning to be able to better express what she wants, her voice more often comes through deep and full volumed from her chest, while before it was always nasal and thin and often cracking.

The subject of the changes in her voice brings up the importance of voices, tones of voices and music in this woman's life—in rhythmicity, volume and harmony of tonal symbols. She had played the piano from an early age and it was after the orgasm dream that recollections of her male piano teacher came up. He was kindly and interested in her but her feeling while with him were a mixture of pleasure and fright. Pleasure was taboo and pleasure in an association with an older man definitely was, in view of her mother's influence. In the succeeding months she began to play the piano more often and in front of others which she would never do before.

In discussing breathing and her voice, she recalled that as a child she often hummed silently to herself. Therafter, more and more frequently, she told me she found herself humming silently to herself during a session while she was quiet. In time she did this more and more audibly. She also told men that as a child when she hummed she would often rock on her thighs while seated on the floor. Humming with and without rocking, and rocking with and without humming became more and more frequent during sessions, following which she would at times burst forth in smiles and later in child-like laughter.

It was during the discussion of her humming and rocking that recollections of playing with her child on the floor came up. She recalled enjoying doing this and singing him jingles, and at times during sessions some months later she would burst forth with one of them. But as with anything she enjoyed she had to be secretive. She would like to have sat on the floor on other occa-

sions but didn't dare. And even while playing with her child, if anyone came in the room she quickly got up. While she was sitting on the floor during sessions, she began to do so more often and more openly at home.

Always she had been an ardent concert goer with a real depth of feeling for music. About six months after the orgasm dream, she became aware that the conductor had meant little to her. Her interest in conductors steadily mounted and she began to poetically describe how each of them in different ways were an integral part of the orchestra and brought unity to it.

About six months after this interest was aroused, toward the end of the sixth year of analysis, and a year after the orgasm dream, she came to a session right after a concert and immediately began talking about it. As she did so she began to rock back and forth, her breathing began to come rapidly, her face flushed and her eyes became a little teary. This occurred as she described the orchestra, the conductor and the movements in the music, humming now and again as she portrayed how the theme was picked up now by one group of instruments, now by another, how the tempo and rhythm now rose and now fell, the whole moving in a mountainous sweep toward the finale. After she had finished her description and the bodily rhythms I described had all moved to a pitch, she became silent and began to relax. She said she was tired and wanted to rest and go to sleep.

When asked to describe what she had experienced, she said it was like something deep inside of her beginning to rise and expand inside of her and fill her up. She said the feeling as it went on become increasingly painful till it reached a peak and then she began to suddenly relax. She felt tired, but a pleasant tired, contrasting it with a painful restless tiredness she had so long known. She also felt relaxed and contented and wanted to go off to sleep. When asked had she ever experienced anything like it before she said, "Yes, in a sexual orgasm."

On a number of occasions since, during sessions, she has had these orgastic experi-

ences but not so intensely. Now she can recognize them in minor degrees, the nuances of the experience and that with the painful aspect of the mounting tension there is a pleasurable quality. Now she can feel the subtleties that go with relaxation after the peak has been passed. There is a peaceful quiet feeling, with relaxation and a contentment. She can allow herself to be quiet, close her eyes and even doze for a few moments in the session.

Six months after this experience—about the middle of the seventh year of analysis—she was part of a group in which the discussion of the meaning of surrender in a mystic and a spiritual sense came up, and as it might occur in a crisis in a person's life. She was so moved by it that when she arrived home late that evening she wrote out what it meant to her. What she described is the experience of surrender following struggle as it may occur in any area of human experience, physically, emotionally, intellectually, personally, interpersonally and in all of them together. It is a description of human rhythmicity in all dimensions mounting to a peak and then the letting go, which is often felt as an inner explosion, a going to pieces followed by a coming together and a feeling of oneness. This is what she wrote:

"A feeling of surrender, in a mystic sense, as I have experienced it in analysis, is gaining a deep insight into oneself, as a result of great psychological stress, resulting in a feeling which is experienced from the inner depths, really from the 'bottom up,' so to speak, real pangs of labor resulting in rebirth. Genuinely felt as an act of creation, it bears with it a feeling of wonder and gratification, the wonder being of a mystical or spiritual nature which is inexplicable, derived from a feeling of humility from the rock bottom realization of the smallness of *I*, midst the vastness of *all*. This is a feeling which reaches a peak of painful intensity, like an orgasm. It is yielding unconditionally and spontaneously to a feeling experience which, reaching its height, tapers off into an ensuing and all-developing warmth of satisfaction and relief. The knowledge of a rare and fervent experience

is left, to be treasured as precious unto oneself and forever contained thereafter. It is an incentive to living, life becomes invaluable, and creation incalculable. Enjoyment and pain are intertwined and the discovery of how little the *I* is in the whole of life, makes it much more vital as a component of the whole, and as such to be respected, loved and cherished and wondered about with faith in its integrity, and hope in its identity, with prospects for fulfilment."

At the end she wrote, "Summary of my own: conflict, struggle, yielding, acceptance, surrender-wonder, contemplation, peace-identity." In these few words she not only summarized what she had written but what I have been attempting to say in these many pages.

Two days before the above event and the day after going to a concert she wrote a poem.

Reaction to Symphony Concert

Impassioned and sensual, the music flows
Through my being, and leaves me feeling
Its impact, a force of truth and beauty
Indivisible, with unity and splendor.
And in the magnificence of its chords
With mounting counterpoint and har-
mony,

The clarity of its meaning intensifies
The spirit of my yearning for peace
Which descends, in its final tones.
And warmth floods my soul, with its
memory.

Intransigent to the music is the spirit
of love
Which affixes its form to the rhythm
of life.

And in its subtleties and nuances
The light and the shadow of rhetoric
Break through the magnitude
Of its boundlessness.

The experience of orgasm in the session following a concert a year before had continued to resound and reverberate through her being with ever-deepening meaning and effect. But a still-existing problem, among others, reveals itself in this poem when she speaks of a "yearning for the peace which

descends in its final tones." There is still too much evading and avoiding of pain, friction and struggle and too much of a rush to get existing pain and "unpleasantness" over with and to seek a haven of safety and peace.

In the life history of this woman we could see not only the crushing but the failing to support and encourage her to explore, fulfill and enjoy natural rhythms within her and in her life around her. Although I said little about the first three years of our analytic work, the first two were quite stormy. When she said about, "Life becomes invaluable," this is no poetic flight. Most of her life she wished she were dead and in the second year of analysis there was a powerful pull toward suicide with many self-destructive acts. When in the sixth and seventh year of analysis she could dare to experience what had gone on in her life, particularly in her second year of analysis, she was quite terrified.

By the time the orgasm dream occurred much solid work had been done. That dream was the result and expression of a momentary spontaneous breakthrough. I hope I am making it clear that that dream was but one event in her analysis, though a significant one. Much work had gone before, much more followed and much more remains to be done. In one area there has been some change but very much more change must yet occur and that is in her sleeping-waking rhythm. All her life she was a poor sleeper and as yet she is still only a "fair sleeper." Also the natural filling and emptying of her lower bowel is still far from a natural and spontaneous and pleasurable act.

But that great strides have been made is indicated by the considerable lessening of her resignation and her self-effacement, and the coming into the foreground of her expansiveness in the form of perfectionism, narcissism, arrogance and vindictiveness. With it has come some genuine assertiveness and a pleasure in fighting accompanied in talking about it in sessions with forceful hitting and punching out with her clenched fist with an expression of delight on her face. Also, from having been considered

all her life as the poor, weak, sick one she has now become the dominant one in her family as wife, mother and sister and also has become more sought after and respected by friends. Further, having always tended to be very underweight she is now only slightly so. And having always been cold in summer and freezing and shivering in winter, she now is often hot in summer and in winter feels comfortable with somewhat more than an average amount of clothing. In short her blood pulsates through her blood vessels at rates closer to her natural rhythms and she has much more available vitality and zest for living. She also has a depth of appreciation for the natural rhythms of her own children's growing infants.

As to how this all came about would take a book on techniques to elucidate. To put it succinctly: Whenever I felt she was available and able to explore further and experience deeper aspects of emerging and further aspects of already emerged natural rhythms in any area of her human being, expressed in symbols relating to the past, present or future, I helped her to do so. I helped her to become more aware by the methods of pointing at and by indirection. This I did by asking her for more associations to this or that, and by asking her what she was feeling and where she was feeling when I observed new aspects of old feelings or new feelings emerging.

This woman's life history and the history of her analysis, I feel, amply conveys what I was saying before going into this concrete example. That as a patient gets closer to the pure fact of himself, he will become more aware of his natural rhythms, and that as he does so, symbols that more appropriately and adequately portray these feelings will appear in his associations. They will relate to his past, present and future and to natural rhythms within and outside of himself in individuals, groups and in nature. And as Martin put it in his paper on "Nostalgia,"⁴⁴ "There will be more and more genuine homecoming."

As a person is moving closer to the pure fact of himself he will select symbols to express what he is being aware of within the

three limitations of symbol choice. He can only select symbols from his experience, his energy will select suitable forms, and the rigidity of neurosis will narrow his choice. As he becomes healthier, the narrowing effect of his neurosis will diminish. He will be more open to participate in more experiences and with it be acquiring a greater variety and richness of symbol choice and more of his energy will be available for seeking suitable forms. But he will never be able to experience and form symbols of experiences which are not within human possibility.

And this leads me back to universal symbols. Jung's concept, the collective unconscious, may be a valuable theoretical and therapeutic tool in the hands of experienced Jungian analysts and also his concept of universal symbols. The notion of the inheritance of, the potentiality for, racial memories he supports by asserting that the symbols in some dreams are ones that the patient could never have experienced or heard of. That would be difficult to verify because myths and fairy tales are figuratively in the air we breathe from birth. Freud's notion of universal symbols as derivatives of libido development falls with the libido theory on which it is based plus his error of universalizing from the narrow base of a part function, sex, and an upper class group in a single culture.

EFFECTS OF INTERFERENCE WITH NATURAL RHYTHMS

To shift for a moment to universal human experiences from which symbols can be wrought: all too many human beings are robbed of many of those possibilities or they have been stunted or distorted. We know the effects of the lack of mothering in the first years of life as manifested in what used to be called marasmus often ending in death and what we now call hospitalism. Even when these children survive they cannot make up for what they did not have.

What I am saying is that each phase of the growth process presents its optimal opportunity for experiencing what is possible in that phase. Studies of such children show

LIFE HISTORY AS THERAPY

that they have great difficulty learning to talk because the optimal period for language development is in the babbling phase. Beyond what may be organic, I wonder if many missed opportunities at the optimal point in a number of crucial growth phases may not be a significant factor in some people becoming psychotic and then slowly or rapidly proceeding to a vegetative state and remaining so until death.

THE PSYCHOPATHIC PROCESS

With patients who manifest various degrees and forms of the psychopathic process, I can speak from a more intensive experience and extensive interest. We know that a crucial factor in the development of the psychopathic process is fragmentation of relationships. Frequent shifts of parents or parental figures and shifts in location of homes is the usual story. During the crucial phases of growth, when the optimal point for experiencing relatedness is there, they are missed or distorted. These people, from these experiences, form conceptions of fragmented relatedness, intense egocentricity and sick individualism. I am discussing but one aspect of this very intricate problem. As I have worked with them it became clearer and clearer to me that since they had so little experience of continuous, consistent human relatedness they did not have a basis for forming symbols of such experiences. They could say the words and listen to me say similar words, but they were words with almost no referents. They used them and listened to them as though they were some foreign language learned by rote. If the words were ever to have meaning for them, it could only be through the actual experience of a consistent, continuous, warm human relationship long after the optimal points at which such a feeling of relating might have naturally developed. A central aim in therapy is for them to have that experience. But it is not surprising that work with such patients is frequently interrupted. Their conception of fragmented relatedness is threatened and they are participating in an experience with im-

plied continuous and consistent human relatedness for which they have almost no experiential referents.

PSYCHOANALYSIS AND EPISTEMOLOGY

How do my comments on the symbolized process relate to psychoanalytic theory? They represent two different orders of discourse. The first is derivative of epistemology, the knowledge of how we acquire knowledge of ourselves and the world in which we live. What psychoanalytic theory is keeps shifting with each contributor from Freud on. For him it was a theory of the sick mind. For Jung it is a theory of the sick human soul, capable of becoming healthy and creative through individuation. With Adler the significance of social factors came to the fore, an element to which Sullivan, Fromm and Horney subsequently contributed. Horney's is a theory of the whole human being in cosmos in sickness and health. What I have been attempting to formulate is a theory of human nature in nature and as an aspect of it. To such a theory I believe epistemology can and has made a significant contribution and with it a closer communion of epistemology and psychoanalytic theory occurs. Psychoanalytic theory which derived from and was used for the therapy of individuals I feel has become a method and a tool not only for therapy but for helping other disciplines understand man in nature. But always we must keep in mind that our epistemological notions and our theoretical formulations are provisional conveniences and must be tentative because they are about pure fact. They are not pure fact. The value of theory tends to diminish as it becomes rigidified into dogma and as it invalidates itself, which an open, plastic system theory will do. A theory which attempts to portray the how and what, here and now will be constantly changing because in being aware the unknown becomes known, the new comes ever into awareness and the old that is known, the formed aspect of the self-system cannot have symbols which are adequate and appropriate for what is forming.

RESUMÉ

To pick up again the main theme of this paper, life history as therapy: by now it might be clear how come I specifically say *as* therapy and not *in* therapy. With the notion "in therapy" we unwittingly fall into the old dualisms and begin to focus on information and facts about a person in the past, as a separate location in time and place. I have developed my notion of memory as aftereffects, track or trace, the conceptions of a self-system, a symbolic self and of being aware. Since we are at every moment our memory, our life history, our wholeness in environment, as the residual of contexts ever in a process of being transformed, as patients we are the means as ends and ends as means of therapy. Accordingly, as I have defined these various terms, the title could have been the patient, memory, or life history as therapy. From moment to moment a patient is creating his life history and his past is not his childhood. His past is everything except what is new in the moment and in a split second it will be part of his past which is always present in the immediate present. As he is being aware from moment to moment, which is therapy, he will be portraying his awareness in symbols selected from his life history, his memory, his past, his wholeness and from the immediate moment inside and outside of himself.

I now pick up one of the original objectives in writing this paper: the common misunderstanding of what Horney meant by the actual situation, the actual conflicts and anxieties and the defenses against them, and the inference that as a consequence of her emphasis she had neglected the past and hence was superficial. I feel that much of what I have defined in detail Horney implied in her written work, and at times explicitly stated, particularly in discussion and in her supervisory work. An evolutionary review of her work clearly shows that by a consistent and continuous interest in the immediate present, the what and how, here and now, which is all we can ever be aware of and the only time and place we can ever be, she detailed in

successively cultural factors, relations to others, relations to self, basic and central conflict, human constructiveness and the real self, the whole human being in cosmos. In doing so she gave us a detailed picture of the what and how, here and now, and a picture of the development of individuals in their lives to what and how they are here and now. She dealt with the actual situation, the human situation, the human actuality. In doing so there was neither a superficiality nor a neglect of the past but a more intensive and extensive exploration of the whole human being as an aspect of cosmos which she came to know through his verbal and non-verbal communications, in the symbol forms of past, present and future. I feel my main contribution has been to delineate the symbolizing process which helps us see that one cannot avoid dealing with a patient's past, and that by a so-called going to the past we are moving away from the past which is always here in the present.

SUMMARY

In this paper I have evaluated some of the writings of Horney, Martin and Ivimey as they had reference to the subject of the use of material regarding the past in theory formation and in therapy. To amplify the basis for my main thesis I included material from Krishnamurti and Watts on the meaning of being aware. My detailed formulations of the symbolizing process as metaphorically a symbolic spiral were included. This was done to show how, starting with pure fact in ourselves and our environment, through the symbolizing process we formulate symbols of many varieties. It was emphasized throughout that the only feelings and awarenesses we can have are present ones. They may be wrought into symbols having a location in time, in the past, present or future, and in place, here and any place except here. The only place and time we can ever be is here and now. Horney's emphasis on the actual situation was focusing on the only thing we can be aware of, the immediate present, and all that is actually going on in it. Accordingly, the past cannot be avoided or over-empha-

LIFE HISTORY AS THERAPY

sized, nor can one make a leap to the past to unearth more quickly the origins of later neurotic developments. The past cannot be avoided or over-emphasized, nor the present, because at any moment totally we are the aftereffects of our past, totally we are our memory, totally we are our history. And since the whole patient is the means as ends and ends as means of therapy, I speak of life history as therapy, not in therapy.

BIBLIOGRAPHY

41. Kelman, H.: *The Use of the Analytic Couch*, Am. J. Psychoan.: XIII, 1953, 38.
44. Martin, A. R.: *Nostalgia*, Am. J. Psychoan., XIV, 1954, 93.
45. Angyal, A.: *Foundations for a Science of Personality*, The Commonwealth Fund, New York, 1941, Chapt. VIII.
49. Whyte, L. L.: *The Next Development in Man*, A Mentor Book, New American Library, 1950, 17-18.
50. cf. 49 above, 254.
52. Krishnamurti, J.: *The First and Last Freedom*, Harper & Bros., New York, 98.
53. cf. 52 above, 9-10.
59. Kelman, H.: *Dreaming and Sleeping*. Lecture V, *The Meaning of Dreams*, a course given at the American Institute for Psychoanalysis, Fall, 1951, unpublished.
60. Cassirer, E.: *An Essay on Man*, Doubleday & Co., Inc., Garden City, New York, 1953, An Anchor Book, 44.
61. Kelman, H.: a) *The Process of Symbolization*, Am. J. Psychoan., IX, 1949, 87.
b) *Lecture II, The Symbolizing Process*;
62. Northrop, F. S. C.: *The Logic of the Sciences and the Humanities*, The Macmillan Co., New York, 1948, 82.
63. cf. 62 above, 39.
64. cf. 62 above, 36.
65. cf. 62 above, 40.
66. Keller, H.: *Dream Experiences. In the World of Dreams*, Ed. by Ralph L. Woods, Random House, New York, 1947, 930.
67. Langer, S.: *Philosophy in a New Key*. Harvard University Press, Cambridge, Mass., 1942, Chapt. IV.
68. Wiener, N.: *The Human Use of Human Beings, Cybernetics and Society*, Doubleday & Co., Inc., Garden City, New York, 1954, An Anchor Book, 12.
69. cf. 68 above, 11, 34.
70. cf. 68 above, 35.
71. Schrödinger, E.: *What is Life?* Cambridge University Press. The Macmillan Co., New York, 1946, 71.
72. Huxley, J.: *Evolution in Action*, Harper & Bros., New York, 1953, Chapt. 6.
73. Rapaport, A.: *Operational Philosophy*. Harper & Bros., New York, 1954, 192.
74. cf. 68 above, 30.
75. Sullivan, H. S.: *The Interpersonal Theory of Psychiatry*. W. W. Norton & Co., New York, 1953, 275.
76. Burrow, T.: *The Neurosis of Man*. Philosophical Library, New York, 1953, Part 1, Chapt. II and V.

DISCUSSIONS

IRVING BIEBER

It is a pleasure indeed to have the opportunity to discuss a paper so replete with originality and so concerned with the fundamental problems of our science. It was

particularly gratifying to see how similar the direction of Dr. Kelman's thinking is to my own, despite the fact that our frames of reference are considerably different. The

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extensive manuscript that I read, and from which tonight's presentation has been abstracted, concerned itself with so many basic problems that a detailed consideration of any one justifies a paper, not merely a ten-minute discussion. For this reason, I shall not occupy myself with a systematic consideration of areas of agreement and disagreement, of which there are both. Instead I will elaborate my own concept on the meaning and utilization of past experiences in psychoanalytic therapy.

I agree with Dr. Kelman's views about our living and experiencing the here and now; and that our concepts and images of the past are those that we experience in the here and now, and therefore must always be in the dimension of the present totality. Since in the broadest terms we are constantly changing from moment to moment, we can never reexperience the past totally as it occurred. It is impossible for a person with anorexia to remember totally an experience in which he enjoyed a full meal; it is impossible for an old man to remember totally the ardor of his first love experiences. It is impossible for an adult to remember totally his childhood. For total memory means total reexperience and this is never possible. To comprehend this is to understand why the concept of regression is both naïve and impossible. Not to understand this gives rise to mechanical and dualistic concepts of the relationship of past to present, wherein old states of organization are seen as continuing intact and exerting their influences in present behavior and pathology. This type of thinking is inherent in Freud's Libido and Genetic theories, where oral and anal stages of organization are seen as continuing autonomously into adult life to determine behavior and pathology. To quote from a paper which I have recently written, "Critique of the Libido Theory": "If one follows the principles governing organization, one recognizes that one stage of organization disappears into its subsequent stage. What remains of the preceding stages, that has not yet disappeared into the new stage, is itself integrated into the new stage in a manner different than it has existed in its preced-

ing stage. The notion of antecedent stages remaining encapsulated, as it were, and continuing their form of influences and energies, is philosophically untenable. For this reason, there cannot in any adult be a preservation of the infantile sexuality nor a return to it. The neurosis, similarly, cannot be a preservation of an old stage of organization, nor a return to it. The neurosis is a new type of organization and differs as profoundly from normal infantile organization as an adult mental defective with a mental age of seven differs from a normal seven-year-old child. To be sure, the neurosis is a result of abnormal organization and development, but this is very different from its being a preservation or return to an infantile organization."

A mechanistic concept of the past leads to what I have called the dental concept of therapy. Look into the past history, find the bad roots, pull them out by insight or abreaction, and presto—the cure. This is like looking for the acorn in the grown oak. One cannot alter the past by reliving it any more than one can change last Saturday's football score by seeing a moving picture of the game. But one *can* learn from the past, and it is *what and how* one can learn from the past that determines the value of a study of history for the economist, and of personal history for the psychoanalyst.

Although we never totally remember the past, and this fact must participate in all our thinking about the past, yet the maintenance of certain cardinal behavior patterns and constellations of stimulus response patterns, in a gross operational sense, permits an approximation to remembering the past in a total way. A man of thirty who becomes intensely hungry can, in a gross way, approximate the total memory of his being intensely hungry when he was twenty. It is on the basis of this approximation that the technique of free association has whatever validity it does have. Even in free association, it is the present experience, and only the present experience, that will select out of the past that which roughly synchronizes with it. That which we cannot today grossly reexperience can only be remembered in fragmentary fashion. The anorexic

LIFE HISTORY AS THERAPY

man remembers his last enjoyable meal only in a fragmentary manner. Since, however, at all stages of life, until deterioration of higher cerebral integrations intervenes, we can always experience anxiety and fear—profound manifestations of our biologically determined defensive systems—we can through this avenue of synchronization always grossly remember experiences that were threatening or painful. These are the memories which are of cardinal interest to the psychoanalyst. These memories and the convictions associated with them constitute the basic factors for the perpetuation of the neurotic organization. They constitute for me the justification and relevancy for our concern with the past. Since many of these memories and convictions are inaccurate reflections of the conditions existing currently, they provide the substance for irrational thinking and irrational behavior. They provide the substance for compulsive and rigid patterns that preclude the constant changing that is necessary to maintain a relevant relatedness to an ever-changing reality. It is particularly these memories and convictions associated with expectations of injury, that are difficult to alter. Renunciation of such convictions is perceived as exposing the individual to current danger. It is precisely these convictions that are resistive to change, and it is this resistance which makes psychoanalysis the lengthy procedure that it is. I find that in many patients the demonstration of the existence and irrationality of these convictions, helpful though this is, is not enough. It is significantly more helpful when the past experiences that gave rise to these convictions can be recovered, and the premises upon which the convictions were made can be reviewed in light of both current reality and their more developed capacity to interpret reality. This to me is the importance of past history as therapy. These pain-connected experiences and unrealistic convictions are not all laid down in childhood. They occur through all the important developing phases of the individual, and since the individual develops or changes as long as he lives, they occur currently and will occur in the future.

To proceed to that portion of Dr. Kelman's paper that deals with symbolism, I have not developed my own ideas about symbolism as extensively as Dr. Kelman has. If I understand him correctly, I have a somewhat different concept of symbolism than he has. In parts of his paper, he uses the concept of symbolism to connote identity with a totality. Where I would use the concept "reflection" he uses "symbolism." I conceive the symbolic to be the abstraction of the essential from the totality—to represent the totality but not to reflect it. This difference I believe to be important, since realistic symbolism involves selecting the realistic essence and not the irrelevant associated components. I am reminded of the child who burned her finger on a red-hot coil and became frightened of anything that was red. This child selected an irrelevant associated component to symbolize this experience, and for this reason was led to irrational conclusions and behavior. Symbolism, so important in human thought and functioning, demands the accurate abstraction from total experience.

A word about universal symbolism before concluding this discussion. The concept of universal symbolism depends upon the assumption that individuals have similar experiences. The validity of universal symbolism rests on the accuracy of this assumption. Language is a type of universal symbolism. To the extent that individuals have had common experiences, they can use language as a means of communication. I believe that the healthier people are, the more likely they are to have had similar experiences. This does not imply that healthy people are robots, but even the individualistic characteristics of healthy experience—different as they are for different individuals—still occur in a frame of reference that can be understood and imagined by other healthy people. The individualistic aspects of a healthy experience of one person enlarge the awareness of other healthy people. The esoteric and nonunderstandable is generally the product of disease, not health. I distinguish between the original and the esoteric. The original enlarges awareness of reality; the esoteric distorts it. The schizophrenic,

HAROLD KELMAN

for all his neologisms, is not original. He is distorting.

Once again, I wish to thank Dr. Kelman, both for the privilege of sharing a creative

experience of an old friend and colleague and for the provocative effect his stimulating ideas had on me, necessitating a further clarification of my own thinking.

EMIL A. GUTHEIL

Dr. Kelman has presented tonight, in a very lucid manner, a learned treatise on the symbolization process. He has explored some of the theoretical aspects of this complicated process and elaborated on the role it plays in creative reality and in the formation of the self-system.

I shall not discuss the philosophical aspects of Dr. Kelman's paper—for two reasons: I am not an expert in philosophy, and with most of his conclusions I am in full agreement. I will take as my point of departure only a few of his statements, which have a cultural and clinical significance.

As basis for my remarks I shall select the finding that *symbols represent a form of communication*, that is, an interpersonal relationship.

I should like to distinguish between two types of symbols. First, symbols which arise in the mind of the individual in the course of the development of his thought: they come into existence somewhere between the individual's unconscious and his consciousness; dream symbols are representative of this type. Second, symbols which humanity at large has created in the process of its acculturation and civilization.

Both types of symbols stem from the same unformed and as yet unexplored matrix of human mentation. The first group comprises symbols which are products of the integrative process within the ego, while the others are selected through an integrative effort of human society and are designed to facilitate adaptation and survival.

To illustrate the symbolizing process and its relation to reality, Dr. Kelman has intro-

duced the concept of a spiral, at the bottom of which lies what he calls "pure fact." Because of the highly subjective experience which characterizes "pure fact," it cannot be conveyed or communicated. Dr. Kelman says about it, "Only you can feel your feelings, your reality—reality." The specific language of this reality is—silence.

The sphere in which "pure facts" are experienced has been called by others the "prelogical" or "preverbal level" or experience; Rado calls it the "non-reporting level." It is on this level that the mainsprings can be found not only of our *language* but also of our *creative faculty*, a fact which was duly emphasized by the speaker tonight. I also agree with him when he states that the symbolization process may go back ever farther than the thought process; it probably is its early form.

Symbolism is essentially social in character. As Dr. Kelman has emphasized, its precursors are *images*, created by our day-dreams and reveries. They represent an activity of thought which takes place on the silent, non-reporting level. They are "private"—not directly communicable. Parts of the imagery are experienced below the threshold of consciousness and are thus hidden even from the day-dreamer's own awareness. Some patients, for example, in their preconscious, harbor a distorted infantile concept of "the mother," a concept which does not fit into the framework of their adult experiences. They conceive of a mother who has a penis, who is, as we call it, a "phallic woman," a bisexual being. As stated before, the patient himself may not be aware of having preserved from

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LIFE HISTORY AS THERAPY

childhood an immature, undifferentiated concept of this type and may discover this only by way of analysis.

Contrary to images, symbols are communicable. However, nobody can use symbols unless he hopes that their meaning will be understood by others.

A flag means but a piece of cloth unless there is general agreement as to its symbolic significance, for instance, "the republic for which it stands." It is this agreement and understanding which make the symbol a social phenomenon, a factor in human relations.

Analysis teaches that symbols in dreams occur through the interference of at least two conative trends; one of them is anxiety-provoking and hence resisted by the superego. In order to understand the symbol formation it is good to refer to a hypothesis promulgated by Buehler and Schilder, namely, the concept of *spheres*.

Spheres are cortical depositories of concepts which, because of close proximity to certain other concepts, can enter a mutually substitutive relation with them by way of common properties. Just as every object in the physical world lies within a sphere (field), each experience carries along its own "horizon," as it were; as all physical objects are interconnected by space, time and cause, forming what is called the "outside world," so also all our mental experiences are interrelated, forming what we call the "human personality."

The concept of spheres makes it more easy for us to understand not only the dynamics of symbolism, but also those of condensation, projection, displacement and other ego-protective phenomena.

According to Schilder, symbols occur in the realm of the preconscious, at a point of a clash between two conative tendencies. If there is resistance by the superego which works against one of these tendencies, if the conative trend in question arouses anxiety, a shift between indigenous spheres occurs in the direction toward the less opposed, less anxiety-provoking goal, and symbolization occurs at the point of interference. We can say that symbols are the result of a dynamic process, set in motion by a conflict

between the original trend—which is less acceptable to the superego, more anxiety provoking and hence repressed—and another trend which is more acceptable to the superego. As a result, substitution of the original trend by the other takes place.

The choice of the substitute is determined by the character of the spheres. From our study of the dream we know, for example, that on the prelogical, preverbal, conceptual level, the satisfaction of all human urges is equivalent. Stekel called this phenomenon the "symbolic parallelism." On this level, one urge replaces another. They apparently belong to indigenous spheres. (Urination or defecation can stand for another human urge—sex.) Another parallelism stipulates that all body openings can substitute for each other. On the prelogical level, also, all persons of authority are considered equivalent and are capable of substituting for one another.

Take for instance, our interpretation of a gun (G) as a symbol of the *male genital*. A gun has also many points in common with a snake (S). If we take at random, some of the properties included in the concept of the male genital (P), such as its oblong shape; its capacity to emit contents; its being a part of the body; its capacity to become a threat to another person; its erectile quality, and its being alive, we can find that this concept has several properties in common with the gun and several in common with the snake.

The overlapping of the spheres unifies properties common to all three. It thus makes P, S and G mutually exchangeable on the prelogical level. Such interconceptual shifts are possible if at least one quality is common to all.

The use of a multiplicity of symbols, and their significance as media of communication has led to the creation of general concepts, called abstractions. The capacity for abstraction (the so-called "abstract attitude") is connected with the normal function of the individual's personality. To the best of our knowledge, and as the speaker has duly emphasized it, man is the only creature on earth which has a symbol-creating faculty. This faculty is closely related

to the capacity for abstraction. This also accounts for the difference between symbol-formation (as an expression of man's abstract attitude) and a conditioned reflex. To Pavlov's dog, the bell is part of the total experience of food; the human being first recognizes the symbol by its own right, and then accepts it as a referent to a specific object.

The abstract attitude of the human being includes his capacity for making mental blueprints for intended actions, his ability to plan ahead—that is, to adopt voluntarily certain mental patterns needed for the execution of future moves. It also includes his ability to shift the patterns when needed—that is, to make a choice. Another important feature of the abstract attitude is the individual's capacity for distinguishing between the essential and the nonessential aspects of a given situation; between the part and the whole; and between figure and background. The last feature includes also the well-known ability of the healthy individual to differentiate between ego and non-ego, between the self and the outside world. This capacity involves the individual's discrimination between reality and representation and between similarity and identity.

Under pathologic circumstances, the "abstract attitude," a faculty acquired relatively late in the thought development, may be lost.

It is known that the schizophrenic often loses the capacity for using symbols in a socially accepted form. In some cases, this capacity is maintained in a more or less distorted fashion. He then develops his own "private" set of symbols which often can be decoded only after intensive study. A single word may become a symbol of a whole train of thoughts. It may even be endowed with unusual magic power and catheted with a special "private" emotion. The patient may show no concern with the intelligibility of his communication, but when asked for "free associations" to the symbol, he may display remarkable insight into its significance. This insight is due to the permeability of his ego-boundaries (to him, his unconscious is more easily accessible)

and to the survival of, or regression to, the prelogical forms of thinking.

Because of the impairment or loss of his "abstract attitude," the schizophrenic (and also some of the aphasics) may no longer be able to plan, to abstract, or to distinguish between figure and background. The capacity for planning is closely related to the capacity for forming and testing theories or concepts. For example, ordering blocks of different colors and shapes according to a unifying principle may be impossible for these patients. The patient whose "abstract attitude" is disturbed may take all possibilities into simultaneous consideration and be unable to solve the problem, or he may start to sort the blocks according to the color principle and then, attracted by the shape, switch to following the shape principle, or vice versa. He may vacillate between the various aspects of the material due to an interpenetration of conceptual spheres.

The background in some cases may become foreground. One patient said: "Since you took the inkwell away, only the air around it is left." We see here an undue accentuation of the nonessential, which sooner or later must lead to difficulties in the appraisal of the outside world (reality testing) and to impediments in verbal communication.¹

In all disturbances of the "abstract attitude," logical reasoning is affected. Arieti (quoting the work of Von Domarus) brings a very interesting example showing the consequences of such blurring of the abstract attitudes which affects the thought processes of the patient. The patient concludes from the fact that the Madonna was a Virgin and the patient herself is a virgin, that she, therefore, is Madonna. Disturbances of this kind are typical for all delusional systems. The identification is accomplished not on the basis of equality of subjects, but on the

¹ We find a similar situation in some of the Rorschach responses of paranoid patients. In general, it indicates extreme negativism and opposition to accepted norms. It bespeaks the patient's turning away from the world of concrete facts and concentrating on "things that aren't there."

LIFE HISTORY AS THERAPY

basis of equal properties of these subjects.

This identification of subjects on the basis of equal properties, the identification of wholes on the basis of their parts, is characteristic for all disturbances of the individual's reality testing faculty. The patient reproduces a process which, as a rule, takes place in symbol formation.

The capacity for symbol formation is inversely proportionate to the capacity for testing reality. In the dream—as in psychosis—the reality testing capacity of the human being is greatly reduced, hence his symbol-forming faculty is increased. Take, for instance, the loss of the patient's ability to differentiate between reality and representation. (Kurt Goldstein calls this symptom "de-differentiation.") Bychowski once asked a patient, "Where is your husband?" She replied, "At home, in the wedding picture." Schilder describes a case where a woman refused to separate two blocks from each other. When he asked her what was the reason, she said, "I don't want to be divorced from my husband." To her, the two blocks had a special meaning; the separation of the blocks was similar to—ergo, identical with—the divorce of two people.

The pathological phenomenon involved here is the blurring of boundaries within the ego and/or between the ego and the outside world. The interpretation (or herniation) between the contents of these provinces of the ego (the loosening of the endopsychic cohesion) is another form of pathological distortion of the individual's abstracting capacity.

This abstracting capacity, as a characteristic of higher functions of the human brain, is responsible for the universal nature of what could be called "basic symbolization." It refers in the main to three groups of symbols which any human society, whatever its geographic or historic location, is likely to develop. *All symbols can be reduced or traced back to these three groups.* They are: 1) Symbols dealing with problems emanating from the "instinct of self-preservation," which we could call *survival symbols*; 2) those dealing with problems which stem from the "instinct of pro-

creation," which may be called *sexual symbols*; and 3) those dealing with the forces which help to secure for the individual his position in the universe, the *religious symbols*. (The third type is frequently used in the service of, or in relation to, the first two groups.)

The process of symbolization serves many psychodynamic and psychoeconomic functions. One of these functions is to bring some of the most awe-inspiring, irrational and frightening natural phenomena closer to our everyday experience, make them appear concrete and realistic, hence also less threatening. From this point of view, the process of symbolization represents one of the mental mechanisms designed to protect the organism from anxiety. Many symbols help the individual to allay his fear of death. The *symbolism of proper names*, for instance, belongs here. Names guarantee the bearer the uniqueness of his personality and offer him a fuller sense of identity. The fact that a name, like any other personal property, can be transferred from father to child endows it with magic significance. It is a factor unifying members of individual families and granting them a semblance of immortality. Every birth of a new bearer of the same name is like a resurrection or reincarnation, a triumph over time and death. A similar symbolism, on a more primitive level, is to be found in the totem pole which offers the clan members unity, immortality and divine protection.

As the family name unifies the members of a family group, so symbols in general unify the varied experiences of the individual members of a social group through the associations they are capable of evoking in them. The larger the number of associations aroused in the unconscious of the individual by the symbolization process, the stronger the tie between his ego and its constituents (*id* and *superego*), the stronger also the tie among individuals within a group, each of whom may be personally involved in a few aspects of the symbol. The persuasiveness and strength of the symbol depend on its capacity to evoke a meaning. The greater this capacity, the more individuals can find in it the *specific values*

they are searching for. Religious symbolism, as a rule, has a prodigious capacity for being meaningful to many people, in many different ways.

Thus, symbols epitomize man's relation to nature and the spirit of the universe. They are meant to represent values beyond time and space; to immortalize individuals, groups and institutions; to offer the weak and frightened the reassurance that they belong to a community of equals; and to establish their role in history, their position as a part of a larger whole. By eliminating the uncertainty of existence, through creating finite tokens of the infinite, symbols become security-inducing, hence also, in a sense, "curative," a fact which was emphasized by the speaker.

In psychoanalysis, we have learned to consider every symbol as a focal point of a number of trends, experiences and concepts. We are used to considering symbols in cross-section, since they are created by the human mind as compound precipitates of experiences and are subservient to the laws of psychic economy. *They unify concepts.* They bring originally disparate or even antithetic concepts into one focus and into a verbal or pictorial synthesis. We could call this the *horizontal aspect* or the symbolization process. They may also contain both archaic and current elements, which we could call the *vertical aspect* of the symbolization process. They may express simultaneously past, future and present, prospective and retrospective tendencies.

Dr. Kelman is right when he maintains that in evaluating a case history, the patient's past can neither be avoided nor over-emphasized; the same applies to the present, because at any given moment, "we are the aftereffects of the past." Symbolism thus is in the service of those unifying, constructive, maturation-promoting tendencies, to which the speaker alludes when at the beginning of his paper he emphasizes "that the symbolizing process is an aspect of integrating."

Dr. Kelman's emphasis on the integrative qualities of the symbolization process seems to be of special importance. It places sym-

bolization alongside the dynamic forces which are in the service of the individual's physiologic and psychologic homeostasis.

Referring to the speaker's statement about the interference with "the organism's natural growth rhythm," which ultimately causes the individual to become "alienated from his real self," may I point to some of the older, but still valid, concepts regarding symbol formation.

We know that the polymorphous type of thinking is an early developmental stage of the thought process. On this stage, we also find other immature patterns of thought and emotion, such as ambivalence, bisexuality, and others. Later, a clear-cut differentiation of contrasts evolves. Under pathological circumstances this capacity for an economic unification of contrasts may be lost. In some cases of word confusion (word salad), as it is observed in schizophrenics and in some cases of aphasia, a de-differentiation may take place and the old ambivalences may appear again. These regressive phenomena represent one symptom of a disintegrating mental structure.

What Dr. Kelman says about the individual coming closer to "pure facts" of himself, and the influence this progress in self-awareness has upon symbol formation, is very interesting. He says that "as a patient (in analysis) gets closer to the pure fact of himself, he will become more aware of his natural rhythms." As he does so, the *symbols in his associations* will refer to origins, essentials, home, parents, children, to body functions and bodily satisfactions. "With expanding awareness he will be more open to the rhythms in nature," and his symbols will include animals, flowers, seasons, and the diurnal cycle. As his awareness expands, he will be more responsive to the broader issues, such as exist in groups, the nation or the world.

I wonder to what extent this statement has been verified by factual experience. The mere possibility of obtaining, for instance, the reflection of such ego-bound and outside-world-bound rhythms in the *dream symbolism* as a concomitant of the process of growing awareness is fascinating enough to invite further investigation.

SCIENTIFIC MEETINGS

Regular Meetings at the New York Academy of Medicine

STATES OF BEING AND AWARENESS IN NEUROSES. *Bernard Zuger. Sept. 28, 1955.*

THE PSYCHOPATHOLOGY OF COMPULSIVE HOMOSEXUALITY. *Harry Gershman. Oct. 26, 1955.*

THE PERSONALITY PROBLEM IN PSYCHOANALYSIS. *Charles R. Hulbeck. Dec. 7, 1955.*

THE SYMBOLIZING PROCESS. *Harold Kelman. Jan. 25, 1956.*

THE UNRESOLVED TRANSFERENCE. *Benjamin Wassell. Feb. 29, 1956.*

HORNEY'S CONCEPT OF BASIC CONFLICT IN CHILD PSYCHIATRY. *Frederick Allen. March 28, 1956.*

TRANSFERENCE IN PATIENTS WITH ORGANIC DISEASE, NEUROSES AND PSYCHOSIS. *Kurt Goldstein. April 25, 1956.*

SOME NEW CLINICAL OBSERVATIONS ON THE PSYCHOANALYTIC PROCESS. *Ralph N. Harris. May 23, 1956.*

Interval Meetings of the Association for the Advancement of Psychoanalysis at the American Institute for Psychoanalysis

ON BEING AWARE. *Harold Kelman. Oct. 16, 1955.*

THE CHALLENGE OF SELF-ANALYSIS. *Ada Hirsh. Nov. 13, 1955.*

OBSERVATIONS ON THE PROCESS OF GROUP PSYCHOANALYSIS: A CONTRIBUTION TO PSYCHOANALYTIC PROCESS THINKING. *Benjamin J. Becker. Dec. 11, 1955.*

SELF-INTEREST, SELFISHNESS AND SELFLESSNESS. *Louis A. Azorin. Jan. 15, 1956.*

PSYCHODYNAMICS AND THERAPEUTIC IMPLICATIONS OF THE MESCALINE-INDUCED STATE. *Herman C. B. Denber. Feb. 12, 1956.*

THE POWER OF RELATEDNESS. *Antonia Wenzlhart. March 25, 1956.*

SOME OBSERVATIONS ON SELF-FRUSTRATION. *Jason Miller. April 22, 1956.*

DISCUSSION OF 1956 ANNUAL MEETING OF THE AMERICAN PSYCHIATRIC ASSOCIATION. *Harold Kelman, May 13, 1956.*

BOOK REVIEWS

THE LIFE AND WORK OF SIGMUND FREUD.
Volume II: Years of Maturity. Ernest Jones. 512 pp. Basic Books, New York, 1955. \$6.75.

The chief focus of Ernest Jones' second volume in the trilogy of the "Life and Work of Sigmund Freud" are the years 1901-1919. These are the years of Freud's maturity, when he apparently had resolved much of his emotional turmoil and had developed, applied and extended his ideas. Jones was a devoted, loyal friend and colleague of Freud and was the first psychoanalyst to undergo a personal analysis. In this volume, as in the first, he has carefully reviewed the historical aspects of the psychoanalytic movement, and has included highlights from his prolific writings of this period. He has also contributed an evaluation of the man derived from Freud's voluminous correspondence, from personal recollections and discussions with friends, family and colleagues.

The first volume, reviewed by Dr. Jack L. Rubins in Volume XV, No. 1 of this Journal, recorded Freud's evolution from neurophysiology through clinical neurology to psychiatry. Dissatisfied with the conventional methods of psychiatric treatment he experimented with hypnotism. Slowly and gradually he evolved his theory of the sexual etiology of neurosis. During this period, when public and medical opinion were predominantly against him, he lived in "intellectual loneliness" relieved only by his family and friends, among whom Wilhelm Fliess deserves special mention. It was at this time, 1897-1901, that he rigorously attempted to analyze himself. This, as Jones writes, required "determination, courage, and honesty," and brought him "mental harmony," "unshaken fortitude" and "one of his most distinctive characteristics: an

independence of other people's opinions."

With the founding of the Psychological Wednesday Society in 1902, later known as the Vienna Psychoanalytic Society, groups of interested persons gathered at stated intervals to hear and discuss Freud's ideas. This was the period (1904-1905) in which he wrote "The Psychopathology of Everyday Life" and "Three Essays on the Theory of Sexuality." In this latter work he shocked the public by asserting that children are born with sexual urges, that they have a sexual life, and that their first sexual objects are their parents. By 1908 such familiar figures in psychoanalysis as Abraham, Adler, Brill, Ferenczi, Jones, Jung, Rank and Stekel were actively participating in the psychoanalytic movement. In revealing the various personalities involved in those early formative years, Dr. Jones has not tried to glorify his colleagues, nor has he been averse to criticizing them. Those who remember these men may differ with Jones, but to those of us who must know of them secondhand it is an unusual and rewarding experience to read about them as personalities apart from their writings.

During the early years from 1901-1914, Freud traveled extensively in Europe. Through his letters we get glimpses of his summers among the Swiss lakes and mountains, in his beloved city, Rome, and of his emotional experiences in seeing the Acropolis at Athens. In an interesting and amusing account, Jones describes Freud's first and only visit to the United States in 1908, when he attended the twentieth anniversary of the founding of Clark University at Worcester, Massachusetts.

The success and difficulties in organizing an International Psychoanalytic Association in 1910 are recounted in some detail. Freud's fame was spreading throughout the world by this time. In 1911 the New York

Psychoanalytic Society was founded by Brill. Shortly after, Jones founded the American Psychoanalytic Association. By this time, however, not all was serene. During the next three years Freud severed relations with Adler, Stekel and Jung. These were stormy days for the psychoanalytic movement. The opposition to Freud's work led him to write, "I think, therefore, one has to be content to state one's point of view and relate one's experiences in as clear and decided a way as possible and not trouble too much about the reaction of one's audience." Jones reviews the hostility which arose during this time and comments particularly on the irrational and intolerant aspects of it. He contends that the opposition criticized Freud's interpretations as being arbitrary and artificial, and that because Freud's conclusions were repulsive to them they must be untrue.

In discussing the intra-group dissensions, Jones warns the reader against believing everything that appears in print about Freud, since much of it, he feels, is untrue and conveys a mistaken impression of Freud's personality. In the chapter on those who repudiated Freud and/or his findings, one comes across a paragraph which provides much food for thought:

"Those who, like myself, remained close to Freud while openly disagreeing with many of his conclusions have been described as timid and docile people who have submitted to the authority of the great Father. It is, however, possible that they should be better described as men who had come to terms with their childhood complexes and so could work in harmony with both an older and a younger generation, whereas the dissidents may include those who still feel obliged to perpetuate the rebelliousness of childhood and to keep searching for figures to rebel against."

Jones believes that rivalry and jealousy for Freud's favor led to rebellion against him. He specifically discusses Adler, Stekel and Jung in a forceful and unequivocal manner. He makes it quite clear where he stands in relation to the dissenters. He and a small group formed an "Old Guard" around Freud as a "stable body of firm

friends" to reply to criticism and to provide Freud with literature and illustrations from their own cases for his work. The obligation of the group, which included Abraham, Eitingon, Ferenczi, Jones, Rank and Sachs, was that if anyone of them wished to move away from the Freudian psychoanalytic theory he would not do so publicly before discussing his views with the rest.

During the four years of World War I, Freud was relatively unproductive, although he worked hard to keep the psychoanalytic movement and its publications alive. This portion of the book is of particular interest, because it reveals Freud's attitudes about war in general and about World War I from the Austro-German point of view.

The second part of the book takes into consideration the papers, essays and books of Freud. They are discussed under the headings of expositions, contributions to theory, and non-medical application of psychoanalysis. Here Jones has done a monumental job. Arranged chronologically and grouped as described above, these writings are invaluable to anyone interested in the scope and evolution of Freud's thinking. Each resumé, the critical side-comments, and the interpretations of the works reveal the serious and detailed thought Jones has given to each article. However, from the modern viewpoint, one can criticize such statements as that found in the case of the "Wolfman," namely, "The patient remained free of any serious neurosis for twelve years after Freud's first treatment and then developed one of an entirely different kind, in fact a paranoid psychosis." Of special interest to us is Jones' statement, "If, for instance, these pathogenic agencies may date from later life, being then projected backwards, it opens the door to all the cultural variations and influences stressed particularly of late by Karen Horney, which can for the most part be excluded if we are concerned only with the first couple of years of life."

Jones interprets Freud's dualistic thinking psychologically for the conflict between love and hate, scientific discipline and philosophical speculation, his passionate love urge and his unusually great sexual

repression, his vigorous masculinity and his feminine needs, his desire to create everything himself and his longing to receive stimulation from another, his love of independence and his needs of dependence.

In a letter written after the outbreak of World War I, Freud said, "Psychoanalysis has concluded from a study of the dreams and mental slips of normal people, as well as from the symptoms of neurotics, that the primitive, savage, and evil impulses of mankind have not vanished in any individual, but continue their existence, although in a repressed state—in the unconscious as we call it in our language—and that they wait for opportunities to display their activity." How different this is from Horney's statement in "Neurosis and Human Growth": "We believe that inherent in man are evolutionary constructive forces which urge him to realize his given potentialities. This belief does not mean that man is essentially good—which would presuppose a given knowledge of what is good or bad. It means that man by his very nature and of his own accord, strives towards self-realization, and that his set of values evolves from such striving. . . . The ideal is the liberation and cultivation of the forces which lead to self-realization."

In the third section of this book, *The Man*, Jones attempts to bring to life Freud's character, personality and mode of living. Many little personal details and anecdotes are recounted. He discusses and attempts to explain Freud the worker; the family man; his use of his rather limited leisure time; the importance to him of health, education, and travel, and his rather peculiar preoccupation with thoughts of death. Regarding Freud's writing habits, he states that increased discomfort always preceded Freud's best work. "I need a degree of discomfort which I want to get rid of. . . . Listening and taking in so much all day produced the need to give out something, to change from a passive recipient attitude to an active creating one. . . . I could not contemplate with any sort of comfort a life without work. Creative imagination and work go together with me. . . . No one writes to achieve fame, which anyhow is a

very transitory matter, or the illusion of immortality. Surely we write first of all to satisfy something within ourselves, not for other people. Of course, when others recognize one's efforts it increases the inner gratification, but nevertheless we write in the first place for ourselves, following an inner impulse."

Jones describes Freud's character as "the soul of honor," never deviating from the "highest standards of ethical behavior in his personal life or from those of professional probity in his work." And yet a few pages later he writes, "He had the reputation of being distinctly indiscreet, a man who could not easily keep someone else's secret." He saw Freud as a "completely civilized being," who went out of his way to avoid conflict, a "rare spirit" to whom "pettiness in any form was completely alien."

It is understandable that Jones should extol Freud's virtues, but one could question his tendency to present absolute judgments about him, e.g. as a result of his self-analysis he "attained complete maturity." A short time later he continues, ". . . all that remained in later years of Freud's early troubles were a few personal idiosyncrasies, and some vexatious disturbances, probably psychosomatic in nature in the functioning of his alimentary organs." His objectivity is further blurred when he attempts to become an apologist for Freud's personal difficulties, e.g., the migraine attacks to which he prefers to give an organic etiology, and his statement, "How many times have Freud's jokes and ironies been misunderstood by being taken seriously." There are other interpretations for his belief that certain traits rise from the "feminine side" of Freud, namely his dependence and overestimation of certain other people's importance. Few would agree with his observation that certain traits are "inherited from his Jewish ancestry, a peculiar native shrewdness, a sceptical attitude towards illusion and deception, a determined courage that made him impervious to hostile public opinion and the contumely of his professional colleagues." Jones describes Freud's simplicity, his quiet man-

ner, "invisible reserve," aversion to "humbug, hypocrisy, or complicated intrigue," direct speech; his need to keep relationships under his control, his dislike of formality and his impatience with restriction, "black and white judgment of people," prejudices, aversion to doing things that are expected of him, deep love of independence and dislike of having his freedom of action interfered with in any way. He does consider some adverse comments made about Freud and evaluates these observations. Here Jones is more a defender than an objective critic. However, since he does present the arguments the reader can weigh the conclusions and interpretations with whatever ideas the observations evoke in him and reach his own conclusions.

Jones does justice to Freud, the man and his works. Freud's genius has been felt in many areas. His active mind attempted to penetrate many aspects of normal non-medical psychology, namely, the fields of dreams, psychopathological slips of everyday life, humor, the theater, crime, religion, literature, the arts, and anthropology. We are indeed fortunate to have available such a biography. It is thought-provoking, entertaining, stimulating and of historical importance.

Freud writes in his autobiography: "Looking back over the patchwork of my life's labours, I can say that I have made many beginnings and thrown out many suggestions. Something will come of them in the future, though I cannot myself tell whether it will be much or little. I may, however, express a hope that I have opened up a pathway for an important advance in our knowledge." This reflects the humility of this great man whose ideas have so profoundly influenced the world.

—NORMAN J. LEVY, M.D.

THE SANE SOCIETY. By Erich Fromm. 370 pp. Rinehart & Co., New York, 1955. \$5.

In this most challenging critique, Dr. Fromm reaffirms his reputation as one of the foremost social psychiatrists of today. Here he continues the development of the thesis of "Escape from Freedom." This pos-

tulates that just as Man's desire for an external authoritarian system is one way of evading the responsibilities and other concomitants of individual freedom, so too may the mechanization and dehumanization of our era be another way.

The psychologist who would analyze society must run between the Scylla of anthropomorphism—treating society's body-politic as a humanoid entity and applying human psychodynamics to it—and the Charybdis of pure political-economic-sociological analyzing, which is not psychology at all. That Dr. Fromm does a little of both does not detract from the power of his arguments. The alternative would be to envisage society as an aggregate of individual personalities, each seen within an environmental context, which it influences and by which it is influenced at the same time.

Where Dr. Fromm presents his observations of the unhealthy traits of a great number of persons today, they are succinct, pertinent and exact. His observations on the pathology of our modern (Western) civilization, namely, its stultifying and destructive effects upon the human spirit, are clear and excellent. But it is in the relating of one to the other that directions and lines should be clearly drawn, since the application of any remedy must depend thereon. Such questions as whether the individual is the product or creator of his environment, or whether history is made by heroes or is a blind, inevitable, cyclic development, with the outstanding individual as an incidental by-product, would come within the framework of this relationship. Although this book does not answer them—no simple answer could be given—it is in this area that the author's exposition is not clear. He seems to shift back and forth between individual psychoanalysis and culture analysis with, at least to this reader, a confusing indefiniteness.

At many points he states that the individual has the power to transform his society. In fact he posits Man's innate constructiveness and creativeness as a basic human asset in an early chapter, here taking issue with Freud's concept of libidinal energy. But unfortunately, the remainder

BOOK REVIEWS

of the book, its major part, does not adequately focus upon this direction. On the contrary, he rather views mankind as the passive recipient, the blotter, of the influences of an inevitably changing civilization, albeit created by Man. And his indictment of society as "insane" is based on the ways that it molds the individual into his present benighted state.

As the key to his "humanistic" psychoanalysis, Dr. Fromm sees Man motivated by needs and passions stemming from his "human existence." (In contradistinction to Freud's instinct drives). Sanity would depend on the satisfaction of these. Among them would be Man's need to unite himself with others and with the world, while retaining his sense of self-integrity; his need to transcend his state of being as a passive creature through productivity; his need to experience himself as an individual identity, in contact with his own capacities, rather than as an externalized conformist or herd identity; the need for a frame of orientation and devotion in the universe; and the need to sever the protective incestuous ties with the soil, with clan and with mother for a newer, maturer rootedness in universal brotherhood. In the latter context, Dr. Fromm redefines the term of incest, rejecting the Freudian sexual connotation, as in the Oedipal situation, in favor of a more social relationship which would include the craving for the all-enveloping, all-protective role of the parent, of the family or of the state (nationalistic patriotism).

Thus, he rejects the concepts of mental health as being either an adjustment to society, or as an outgrowth of necessary conflict between human nature and civilization, as in the Darwin-Hobbes-Freudian view. In their place, he advances two premises. The first makes a distinction between neurosis and socially patterned defect. The individual is aware of the former condition, since it renders him different from others and produces suffering; he cannot realize the latter since society accepts it, and with it he is like unto everyone else.

The second postulate is that culture acts upon man through the medium of his "social character" (as contrasted with his indi-

vidual or unique personality), which is defined as the nuclear character structure shared by most members of one culture. This channels human energy in such a way as to insure the continued functioning of that culture, yet to permit maximum gratification to the person so acting. At the core of man's social character, in its pathological state of today, is a basic alienation, or estrangement from his own powers, his taste, judgment, possessions and work.

The major midsection of the book is a sweeping indictment of all the modern economic systems, namely capitalism, "super-capitalism," fascist totalitarianism and Communist authoritarianism. All must produce this alienation and robotism through their increasing quantification of human endeavor, with resulting over-emphasis on abstract symbols, on "things"; through their distortion of the value of work into a commodity instead of as a satisfaction in itself; through the distancing of management—whether statist or privately corporate—from the human element of production; through the shift from human to economic values as the highest good, with subsequent exploitation of the individual. Even the most favorable form of Marxian socialism, as ideal as may have been its goals of freeing man from domination by man, still over-emphasized the economic factor to the neglect of spiritual values and required excessive centralization of authority in its subsequent forms.

The remedy based on humanistic principles, according to Dr. Fromm, would be a socialistic communitarian system, such as exists in certain European localities, which would permit complete individual participation in the means and products of work. To this reader, as commendable as such an objective might seem, it fails to deal with the even more fundamental problem, which must be prerequisite. How to help the individual become aware of his existential situation, in Dr. Fromm's terms, how to instill in him and deeply feel his necessary dissatisfactions with his own and with society's insanity as an incentive to bring about change.

This oversight is almost a necessary con-

sequence of Dr. Fromm's philosophy that human unhappiness and stultification are solely determined by interpersonal relationships, rather than to an equal extent by self-generated intrapsychic dynamisms acting concurrently. Man's barriers and chains are not only the external restrictions of society, but the internal destructive inhibitions he sets up to his own freedom as part of his personal development. If society acts upon the individual, it is equally true—if not more so—that Man is constantly creating and has historically modified his environment. The direction is from within outward, as much as from without inward. If Man is tending to become robotized, dehumanized, he must assume equal responsibility—nay, even a major part—for permitting and creating this state in himself, rather than fixing the blame on a society developing with its own momentum and direction once started. Society is not the Golem mentioned by Dr. Fromm, but rather, if we are to continue the metaphor, a moving statue, to which Man is constantly not only supplying the motive power, but also adding and taking away clay.

Aside from this psychological-philosophical issue, as far as the book does go it is daring and provocative. It is magnificently written; more works like it should be written, and this one should be read by everyone interested in the plight of the human race. Especially those parts where Dr. Fromm remains first and foremost the clinical psychiatrist, with his deep, sincere and compassionate feeling for humanity, should be inscribed among the passages of lasting significance, for sheer beauty. If the over-all tone of the book is perhaps unduly pessimistic in its somber picturing of the human situation and its neglect of the positive achievements of this era, compensatory bursts of optimism shine through, as in the following passage: "The aim of life is to live it intensely, to be fully born, to be fully awake. To emerge from the ideas of infantile grandiosities into the conviction of one's real though limited strength; to be able to accept the paradox that every one of us is the most important thing in the universe—and at the same time not more

important than a fly or blade of grass. To be able to love life, yet to accept death without terror; to tolerate uncertainty . . . yet to have faith in our thoughts and feelings, inasmuch as they are truly ours. To be able to be alone, and at the same time one with a loved person, with every brother on this earth, with all that is alive; to follow the voice of our conscience, that calls us to ourselves, yet not to indulge in self-hate when the voice was not loud enough to be heard." Certainly these indicate that there is still hope for mankind.

—JACK L. RUBINS, M.D.

PSYCHOTHERAPY AND PERSONALITY CHANGES
(Co-ordinated Research Studies in the Client-Centered Approach). Edited by Carl R. Rogers and Rosaline F. Dymond. 447 pp. The University of Chicago Press, 1954. \$6.

To this reader, this book was an emotionally satisfying and exciting experience. Pervading the entire text is the true scientific quest for greater understanding rather than for answers. Perhaps the spirit is best exemplified when Rogers states, "we prefer to live with this dilemma until we understand it more deeply and perhaps can develop more sensitive theories as well as better instruments to deal with it," and this is the basic attitude which underlies the book and the therapeutic approach described.

Supported by the Medical Sciences Division of the Rockefeller Foundation for a five-year period, the authors set out to test whether people *do* change, and if so, what it is that changes, and what it is that either effects the change or obstructs it? A primary decision was which frame of reference—i.e., theoretical basis—was to be used. For research advantage, the hypotheses tested were derived from and related to a body of theory sufficiently coherent to allow progressive integration of knowledge as new research facts became available. Three bodies of theory have primarily been utilized 1) the personality theory of client-centered therapy 2) the fields of learning theory and

g) perception studies which seem closely allied to the transactional approach of the Ames' studies. With regard to the hypotheses of client-centered therapy, the authors list these four:

"1. The individual has within himself the capacity . . . to understand those aspects of himself and his life which are causing him dissatisfaction . . . and the tendency to reorganize himself and his relationship to life in the direction of self-actualization and maturity. . . .

"2. This capacity will be released . . . when the therapist can create a psychological climate characterized by (a) a genuine acceptance of the client as a person of unconditional worth; (b) a continuing . . . attempt to understand the existing feelings of the client as they seem to the client without any effort to diagnose or alter these feelings; and (c) a continuing attempt to convey something of this empathetic understanding to the client.

"3. In such an atmosphere . . . the client will change in his perception of self . . . and others. . . .

"4. The therapeutic relationship is only one instance of interpersonal relationships. . . ."

The material for the study was obtained from clients at the Counseling Center of the University of Chicago. They were given an extensive battery of tests, before and after therapy, and again after a follow-up period. Then, to determine whether the changes noted were due to the effects of therapy, the client group was compared with a matched control group and with an own-control group (the clients themselves during a preceding period of no therapy). Rating of research data was done by psychologists who had no information as to when the tests had been given—i.e., "blind" ratings.

The presentation of the book has been carefully considered and is presented in such a way as to make selective reading possible and comprehensible. One must read only Part I of the book which gives

the basic orientation and the basic design for the projects. With this understanding, one may read any chapter in the book as a separate unit. Part II deals with the testing of various hypotheses. Part III is an analysis of a "successful" and an "unsuccessful" case. Part IV is a resumé of the whole program, attempting an integration of the pattern of results and pointing toward directions to be investigated.

Of special interest to this reviewer was Chapter VI, by E. C. Rudikoff, entitled "A Comparative Study of the Changes in the Concepts of the Self, the Ordinary Person, and the Ideal in Eight Cases." Here is data which corroborates the importance and central position of the alienating process, the diversion of energy from possible goals to an impossible idealizing of human potentialities. Referring extensively to Horney, the author delineates the "search for glory" and how, as the alienating process is reversed, constructive energy is made available for growth.

It is not possible to deal with all of the hypotheses tested. Certainly they all ask pertinent questions and indicate further directions for investigations. The studies done on the therapist-client relationship (Chapter VII, by Julius Seeman, "Counselor Judgments of Therapeutic Process and Outcome") pointed up this noteworthy fact. The climate of warmth, understanding and acceptance had a definite correlation with the degree of "success" in therapy. But no correlation was found between "success" and the degree that the client-therapist relationship was explored. In light of psychoanalytic thinking that the "transference" or "doctor-patient" relationship *must* be analyzed, it is incumbent upon us to reconsider this position. Fascinating to follow are the two case reports with the focus on the direction of change of the self-concept, the concept of change of the ordinary person and the self-ideal. One would question the depth of change which could be accomplished in so short a period.

In Part IV, Rogers sums up. Clearly, concisely and with deep humility, he points to what he believes has been accomplished and what varied directions lie ahead to be

explored. But quite firmly he stands on this ground: "It appears that perhaps 'experiencing'—the complete awareness of total organismic response to a situation—is an important concomitant of the process of therapy." As the person changes the emphasis, from dealing with reality problems to feeling his feelings to the full, in the immediate present, without inhibition, spontaneity emerges and there is the recognition that accepting an experience for what it is constitutes a more effective method of meeting life than does the denial or distortion of experience. There is the recognition that this process has its own organismic time table and cannot be forced. With this concept of involving oneself in immediate experiencing and in accepting it, my own personal and clinical experience concur.

It is an important book and again points the direction to further study so that we may begin to evolve a science for the study of human personality.

—MELVIN BOIGON, M.D.

INTERPRETATION OF SCHIZOPHRENIA. Silvano Arieti. 522 pp. Robert Brunner, New York, 1955. \$6.75.

In reading "Interpretations of Schizophrenia" by Silvano Arieti I was impressed again and again by the fact that we are still in the groping stage of our understanding of this widespread psychiatric illness. In the introductory historical review we are reminded that Kraepelin's descriptive system is still the most widely known psychiatry in the world, in spite of the many more dynamic and less fatalistic contributions since his time. Practically every aspect of schizophrenia is yet to be convincingly explained. Controversy exists about the etiology, the dynamics, the course of the illness, prognosis and treatment, and the literature abounds with articles on schizophrenia from numerous points of view.

Dr. Arieti has attempted a truly heroic task—the presentation of a unified, comprehensive picture of schizophrenia, leaving no phase untouched. Thus, a glance at the

table of contents shows six main sections: a historical review, the psychodynamics of schizophrenia, the psychological structure of schizophrenia, the longitudinal view of the various stages, the psychosomatic aspect of schizophrenia, and the treatment of schizophrenia. This work is not by any means a mere compilation of what has already been written, but a careful and creative synthesis, with many significant contributions by the author. Each section can be read and valued separately. The most original and challenging material pertains to the interpretation of the formal psychological processes of the schizophrenic. Arieti believes that the language, thought, behavior, feeling and symbolism of the schizophrenic represents not "irrationality" but a different rational system. The schizophrenic is a person who abandons the Aristotelian way of thinking and adopts a primitive type in order to escape anxiety. According to Arieti, there is a lower level of intellectual integration to which humans regress when all other attempts at alleviating anxiety have failed.

Before going into his discussion of the formal processes of this archaic logic, he first presents the dynamics leading up to the illness. In childhood the schizophrenic is exposed to severe anxiety stemming from grossly disturbed parental constellations. Under such conditions the child is forced to experience a state of intense relatedness with a destructive and rejecting parent or parents. The overwhelming feelings engendered in the child make it impossible for him to preserve the "good parent" image which would otherwise relieve his anxiety and reassure him about the world. Instead he remains aware of his parent's negative qualities. The child's reaction, often in the form of overactivity and vindictive behavior, intensifies the anxiety, hostility and rejection of the parent. An ominous circle is thus initiated between parent and child. Using Horney's concepts of personality development, Arieti describes four possible ways available to the child in an attempt to defend himself against the intolerable state of anxiety which prevails. The psychotic solution is resorted to when all other defenses

BOOK REVIEWS

have collapsed. Dr. Arieti discusses each type of schizophrenia, with long case histories to illustrate his point. His concept of the catatonic is especially interesting.

In part three, the study of the formal psychology of schizophrenia is presented. This is a study of the "mechanisms by which the patient attempts to envision reality in a less frightening manner." These mechanisms are inherent in human nature, are resorted to when anxiety is too severe to be otherwise tolerated and "were used by the human race in the process of becoming the species that it is today. In other words, they are obsolete, archaic mechanisms, buried long ago in unconscious processes." The four mechanisms discussed are: paleologic thought, desymbolization, desocialization, and retreat from emotions. Paleologic thinking is based on a special type of logic. It is found in primitives, dreams and schizophrenics. It is based on Von Domarus's principle, which states that identity is based on identical predicates. This explains how a schizophrenic may reason that she is the Virgin Mary. The Virgin Mary was a virgin; I am a virgin; therefore I am the Virgin Mary. The identity of the two predicates make the patient accept the identity of the two subjects. This type of reasoning is essentially an inability to abstract. In addition, the schizophrenic's capacity for connotation is impaired, as the paleologist lives in a world of perception. When concepts are needed, they often are represented by perceptual images until perceptual elements finally eliminate higher thought processes completely. The process of perceptualization has its fullest expression in dreams and hallucinations, which are perceptualized mental processes.

Another most disastrous process which occurs in the schizophrenic is the development of private symbols and the relinquishment of social symbols. This step, which Arieti calls active desymbolization, establishes a forbidding distance between the schizophrenic and those about him. "The schizophrenic is not simply an anchorite. He is desocialized . . . because he lives in a symbolic world which is not shared by any society." These mechanisms, originally

needed to relieve anxiety, cause the schizophrenic to become progressively isolated from other people. It becomes more and more of an effort to communicate with others since his world consists of paleosymbols, understood only by him.

In the longitudinal view, Dr. Arieti describes four progressive phases of schizophrenia from onset to terminal regression. After an initial burst of anxious, panicky activity, the schizophrenic seems to become quieter, less disturbed by his hallucinations and no longer tries to reconcile his world with that of others. The third and fourth stages are seen in state hospitals almost exclusively. Hoarding, "food grabbing," hiding objects in body orifices are some of the phenomena observed. The author reiterates that these habits represent "lower levels" of integration. He uses Freud's concept of regression, but states, ". . . no matter how much the schizophrenic regresses, he cannot become a healthy infant . . .", ". . . no matter how much the patient regresses, he will always be disintegrated." Therefore, he sinks further and further in an unsuccessful attempt to achieve integration. These phases described by Arieti are not fixed or irreversible, and there is no predictable pattern or time interval for each phase.

The brief section on psychotherapy was the most personally rewarding of the entire book, and is highly recommended for anyone working with schizophrenics. "Down-to-earth description of technique" is presented with reference to goals of therapy, the conduct of specific sessions, and the role of the therapist's feelings. Here Dr. Arieti gives the benefit of his own experience and shows his intuitive sensitivity for the processes in the schizophrenic.

This brief resume cannot do justice to the enormous amount of work evident in the book. The material pertaining to the psychology of thought processes is highly technical and for me difficult to follow; however, the bulk of the book is easy to read and very clearly organized. Dr. Arieti has an excellent appreciation for the inner life of the schizophrenic and for the poignancy of his isolation. Recognizing these qualities, it is difficult for me to under-

BOOK REVIEWS

stand why he finds it necessary to use the concept of regression in describing his findings. This term and the entire formulation of "lower levels" implies the pre-existence of static "levels" of thinking and behaving in man. The evidence presented that such a "regression" occurs is not convincing, although this does not invalidate the system which Dr. Arieti postulates.

The book as a whole is an important and eminently worthwhile contribution to the study of schizophrenia.

—ALEXANDRA SYMONDS, M.D.

GRUNDFRAGEN DER NEUROSENLEHRE, AUFBAU UND SINNBLID PROPÄDEUTIK EINER MEDIZINISCHEN PSYCHOLOGIE. (THE NEUROSES AND THEIR FUNDAMENTAL PROBLEMS, CONSTRUCTION AND SYMBOLISM. Introduction to a Medical Psychology). Professor J. H. Schultz. 215 pp. Georg. Thieme Verlag, Stuttgart, 1955.

Much of contemporary psychiatric literature underestimates the complexity of the subject. More often than not its frame of reference is simple; it tends to be derived from physics, chemistry, pharmacology, surgery and other ancillary disciplines rather than from psychiatry, psychology or philosophy. Partial aspects usually are dealt with eagerly, whereas the so-called variables, which in their heterogeneity reflect the human situation, are avoided, overlooked or otherwise disposed of.

The present book is a refreshing and welcome exception. The author's previous work, "The Autogenous Training," a very successful book which saw its eighth edition in 1953, dealt with a system of therapy through concentrated and active relaxation. In a subsequent volume, entitled "Bionomous Psychotherapy", published in 1951, Professor Schultz took up fundamental issues, using what he calls the "bionomous approach." The author frequently refers to this book in his present work.

Professor Schultz sets his sights high. Within the space of little more than 200 pages, he deals not only with the fundamental issues referred to in the title, but

devotes more than half of the total space to a detailed discussion of typology. The book is a worthy attempt at dealing with an extremely difficult topic in a spirit of holism. The tool is the author's bionomous approach.

The bionomous concept, according to the author's definition (P. 113), "attempts to prove that all scientific-critical, psychotherapeutic work deals with tasks which fully coincide with the essential characteristics of living as such, which is otherwise not definable." Thus it has to do with the ultimate laws of life and is more basic than all medico-psychological theories. The author views them—for example, the libido theory—as imbedded in his own more fundamental concept. Thus, widely differing theories and frames of reference can be utilized without their having to collide with one another. Constitution, heredity and several schools of psychodynamics are included. Although he cautions the reader that space does not allow him to acknowledge the many authors and thinkers in the field, the array of names listed is truly impressive. The historical evaluation is most rewarding and it is particularly gratifying that the author is conversant with the work of American sociologists and philosophers, as well as that of their continental brethren. In the first paragraph of his introduction he mentions Karen Horney and her group as coming particularly close to his own way of thinking, and throughout the book there are several other references to her work.

Having opened the doors wide to all aspects of living, including the creative and the artistic, the author defines the limits of medical psychology. To him it is a form of applied scientific psychology which has been put into the service of medicine, which in turn is applied biology. He, therefore, restricts medico-psychological thinking, investigating and acting to the categories of sick vs. healthy. It is not always clear what purpose these limits serve, since mention is made elsewhere of the physician transcending these categories, at which point, however, he is urged to realize that he no longer acts as a physician, but as a human being.

BOOK REVIEWS

On the whole, the author's criticism of others is moderate. He tends to accept and incorporate diverging viewpoints rather than to reject them. Those who fare least well with him are the analysts he considers one-sided.

The most serious shortcoming of this book is its language, which is seldom clear and often ambiguous. The definitions, specifically supplied as such on Page 5, do not help much. It is too bad that the inherent value of this book is lost by the unnecessary labor of penetrating its form, and that it will not be as widely read as it deserves.

Another objection is the frequent use of absolute terms, such as certain conclusions being "necessary," assumptions being "proven without any doubt," etc. To many readers it will be very doubtful that there should be a connection between a patient's psychic "sthenia," his explosive behavior, manic-depressive attacks, tremendous brain, heavy bones, athletic musculature, powerful digestive glands and respiratory organs, and strong myocardium on the one hand, and on the other hand, between weak, thin-walled blood vessels, a tender and shy inner life, and the patient's eventual death of a ruptured myocardium. The attempt to remind us of the possible relatedness of diverse factors is to be commended. Yet to the author "there was a physiological, biological and psychological unity of gestalt to the last detail." There are several similar passages which detract from the value of this work and which make one wonder how much mysticism is being passed for holism. There is too much dogmatism in presenting impressions which are not proved as facts.

A third point of criticism has to do with the author's assertion that Salter and Horney both demonstrate the "increasing interest in organismic methods of treatment

among progressive analysts whose former one-sided presumptuousness is now disappearing." This is an unusual evaluation of Horney's work.

A fourth important point of difference will best be illustrated by a short quotation: "Complicated and historically deeply structured neuroses are dragged along, not as seldom as might appear to one-sided analytical observation, just 'physio-psychologically,' just as a false habit, something like a rigid armor of the personality or a skin that no longer is living and connected, which the patient can discard if given reorienting help. These are neurotic attitudes which from a former severe stratum neurosis or even nuclear neurosis in the course of years and decades have become physiogenous marginal neuroses, dead containers which are merely dragged along by perverted *mnemon* and which often may be relinquished with the simplest of medical help." Those of us who experience in our daily work with patients, as well as in ourselves, the tenacity with which neurotic solutions are adhered to, will rather doubt this statement with its emphasis on the deadness, the being dragged along and the relinquishment. It runs contrary to the way we understand psychodynamics, with an emphasis on increasing awareness, active movements and adding-to, rather than relinquishing. It becomes understandable how the author discards, relatively easily, important dynamic considerations in favor of organicist ones.

This is a thought-provoking book, a scholarly piece of work and a challenge to all who differ with the author. Its differentness stimulates and invites discussion. It is humanistic in its respect for and reverence of life. It is a welcome addition to an open system of expanding frames of reference.

—EDWARD R. CLEMMENS, M.D.

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Ruesch, Jurgen, M.D.—Communication Difficulties Among Psychiatrists
Lesse, Stanley, M.D.—Psychotherapy and Ataraxics
Bronner, Alfred, M.D.—Chlorpromazine (Thorazine) in Office Practice
Beukenkamp, Cornelius, M.D.—Beyond Transference Behavior
Meerloo, Joost A. M., M.D.—The Father Cuts the Cord
Zierer, Ernest, Ph.D. and Edith Zierer—Structure and Therapeutic Utilization of Creative Activity
Sommers, Vita S., Ph.D.—Vocational Choice as an Expression of Conflict in Identification

Case Reports (Jerome M. Schneck, M. D.—Marvin Reznikoff, Ph.D. and Lawrence Mundy, M.D.)

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